STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on February 28, 2018 through March 2, 2018 and March 5, 2018 to March 7, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 1 of 2 common bathrooms on the 300 hall had walls and floors that were kept clean and free of mold and mildew. The findings are: Observation on 02/28/18 at 9:56 am during the initial tour of the facility revealed: -The residents' common bathroom on the 300 hall (near the staff/public restroom) had two shower stalls, one bath tub and one toilet. -The shower stall by the bathroom entrance door had black mildew on the grout between the shower tiles on the three shower walls and the corners of the shower. -The mold extended 1 and 1 ½ feet down the wall to the shower floor. -There was black mildew on the grout between the tiles on floor around the base of the toilet.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 1 Interview on 02/28/18 at 10:01 am with a Housekeeper revealed: -She had worked at the facility since August 2017. -Today (02/28/18), she worked cleaning the 300 hallway. -Housekeepers were required to clean the bathrooms that were attached to the residents' rooms. -The Personal Care Aides (PCAs) were responsible for cleaning the big common bathrooms at the end of the 300 hall, because they gave residents showers. Confidential interviews with four residents revealed: -They had noticed the "black grime" on the shower wall in the common bathroom. -They did not know what the black grime was, but it had been on the shower walls for months. -They observed staff rinsing the showers with water after baths, but did not know if staff cleaned the shower walls with cleaning products. -They had noticed the same black grime on the floor, but did not know what it was. Interview on 03/02/18 at 6:50 pm with a PCA revealed: -She usually worked the first shift from 7:00 am to 7:00 pm, and she sometimes worked the third shift from 7:00 am to 7:00 pm. -PCAs on the third shift were responsible for cleaning the bathrooms. -One PCA said she had observed the black on the walls in the shower. -When she worked she used a chemical cleaner to clean the shower. -She let the chemical sit, then rinsed the shower. -The black mildew on the grout between the tiles did not come off.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 2	D 074		

-She did not seek further assistance on how to remove the black mildew on the grout between the tiles in the shower.
-She used a mop to scrub the floor in front of the toilet, but did not use anything extra to remove the black mildew on the floor around the toilet.

Interview on 03/02/18 at 6:53 pm with the a second PCA revealed:
-She cleaned the tub and showers if they appeared dirty.
-She used a chemical cleaner, let it sit, and rinsed with water.
-She did not know what the black on the grout between the shower tiles was.
-It had been there a long time; she did not seek to clean the shower further.
-The floor in the common bathroom on the 300 hall was mopped, but nothing was used to clean the black spots on the floor at the base of the toilet.

Interview on 03/01/18 at 1:54 pm with the Executive Director revealed:
-Housekeeping staff were supposed to clean the "big" (common bathrooms) bathrooms.
-The personal care aides were to clean after each shower or use.
-She did not check the bathrooms, but trusted staff to do their assigned jobs.

Interview on 03/01/18 at 5:32 pm with the Administrator revealed:
-The housekeeper was incorrect.
-Housekeepers were also responsible for cleaning the big common bathrooms.
-She had also assigned third shift PCAs to deep clean bathrooms.
-She did not know there was mold on the shower walls in the common bathroom on the 300 hall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 3 -She did not check the showers behind staff; she trusted staff to clean the showers.	D 074		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to assure 2 of 9 sampled staff (Staff F and H) were tested upon hire for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Staff F's (medication aide) personnel record revealed: -There was documentation of hire in February 2018, but no documentation of a specific date of hire. -There was documentation of a negative TB skin test read 05/24/17. -There was no documentation of a second TB test administered after employment. Attempted telephone interview on 03/07/18 at	D 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 131	Continued From page 4 3:41 pm and 4:00 pm with Staff F was unsuccessful. Interview on 03/06/18 at 7:36 pm with the Executive Director revealed: -Staff F started working at the facility in February 2018. -She was unable to recall the exact date. -The Assistant Executive Director was responsible to ensure all the required documents for Staff F were obtained. Interview on 03/06/17 at 8:03 pm with the Assistant Executive Director revealed: -Staff F was hired in February 2018; "right now" she could not recall the exact date. -She thought the TB test that Staff F bought with him to the facility was okay. Refer to Interview with the Executive Director on 03/06/18 at 7:36pm. 2. Review of Staff H's (housekeeper) personnel record revealed: -There was documentation of a hire date of 08/28/17. -There was documentation of a negative TB test read on 09/28/17. -There was no other documentation of a TB skin test. Telephone interview on 03/07/18 at 3:30 pm with Staff H revealed: -She started working at the facility on 08/28/17. -She had a TB test after she started working at the facility in September or October 2017. Interview on 03/06/17 at 8:30 pm with the Assistant Executive Director revealed: -Staff H had a TB test after she was hired.	D 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 131	Continued From page 5 -She could not recall how long Staff H worked before the TB test was obtained. Refer to Interview with the Executive Director on 03/06/18 at 7:36pm. _____ Interview on 03/06/18 at 7:36 pm with the Executive Director revealed: -It was the Assistant Executive Director's responsibility to ensure staff had all the required documents. -Currently, there was no system in place to ensure the required staff documents were obtained.	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure no substantiated findings were listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire for 1 of 9 sampled staff (Staff H) according to G.S. 131E-256. The findings are: Review of Staff H's personnel record revealed:	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 137	Continued From page 6 -There was documentation of a hire date of 08/28/17 as a housekeeper. -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed. Observation on 02/28/17 between 9:45 am and 4:00 pm at various intervals revealed Staff H swept and mopped floors, emptied trash cans, and made beds. Interview on 03/07/18 at 3:30 pm with Staff H revealed: -She was hired as a housekeeper and had worked at the facility for six months. -Her responsibilities included cleaning floors, making beds, changing bed linens, and cleaning bathrooms in the residents' rooms. Interview on 03/06/17 at 7:36 pm with the Executive Director revealed the Assistant Executive Director was responsible for ensuring all required documents were in the staff personnel records. Interview on 03/06/17 at 8:03 pm with the Assistant Executive Director revealed: -She thought all required items were in the staff folders. -She did not know where the documents were located.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;	D 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 7 This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews the facility failed to assure 4 of 9 staff sampled (Staff B, C, F and H) had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. The findings are: 1. Review of Staff B's personnel record revealed: -She was hired on 02/12/18 as a Medication Aide. -There was a criminal background check from the local police department completed on 02/09/18. -There was no documentation of a statewide criminal background check in Staff B's personnel record. Telephone interview on 03/05/18 at 12:06 pm with Staff B revealed: -She was the Medication Aide (MA) that worked 3rd shift. -She dispensed all medications for the residents on 3rd shift. Refer to interview on 03/06/18 at 7:36 pm with the Executive Director. 2. Review of Staff C's personnel record revealed: -She was hired on 09/26/17 as Dining Services staff. -She changed positions to a medication aide on 02/17/18. -There was a copy of Staff C's driver's license with a South Carolina address. -There was a criminal background check from the local police department completed on 09/26/17. -There was no documentation of a statewide	D 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 8	D 139		

criminal background check in Staff C's personnel record.

Interview on 03/06/2018 at 8:26 pm with Staff C revealed she moved to North Carolina in 2014.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.
3. Review of Staff F's personnel record revealed:
-There was documentation Staff F was hired in February 2018, but there was no documentation of an exact date of hire.
-Staff F was hired as a medication aide.
-There was no documentation of a statewide criminal background check.

Attempted telephone interview on 03/07/18 at 3:41 pm and 4:00 pm with Staff F was unsuccessful.

Interview on 03/06/17 at 7:36 pm with the Executive Director revealed Staff F started working at the facility in February 2018; she was unable to recall the exact date because Staff F was hired by the Assistant Executive Director.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.

4. Review of Staff H's personnel record revealed:
-There was documentation of a hire date of 08/28/17 as a Housekeeper.
-There was documentation of countywide criminal background check.
-There was no documentation of a statewide criminal background check.

Interview on 03/07/18 at 3:30 pm with Staff H revealed:
-She had lived in North Carolina all her life and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 9	D 139		

previously worked at the facility.
-She was hired on 08/28/18.
-When she started working at the facility, she brought with her a criminal background check.
-She knew that she needed a criminal background check, but no one told her the type of background check to obtain.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.

Interview on 03/06/18 at 7:36 pm with the Executive Director revealed:
-She started working at the facility in November 2017.
-She did not know that a statewide and/or national criminal background check was required.
-She was responsible for ensuring criminal background checks were completed on all staff.

The facility's failure to obtain criminal background checks and not knowing if Staff B, C, F, and H had a criminal record history was detrimental to the health and safety of the residents and constitutes a Type B Violation.

The following Plan of Protection was provided on 03/07/17:
-Immediately, all staff that did not have statewide and national criminal background checks will be done.
-Background checks will be secured and filed in the staff record prior to starting employment.
-The Executive Director and Assistant Director will review staff records monthly to ensure required documents are in the record.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 21, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that 4 of 7 sampled staff (Staff B, D, F, and I) were competency validated for Licensed Health Professional Support (LHPS) tasks for oxygen usage, ambulation and transferring (Staff B), insulin injection and collecting fingerstick blood sugars (Staff D), collecting finger stick blood sugars (Staff F), and transferring and ambulation (Staff I). The findings are: 1. Review of Staff B's personnel record revealed: -Staff B was hired on 02/12/18 as a Medication Aide (MA). -There was no licensed health professional support (LHPS) competency validation for Staff B. On 03/06/18 at 12:07 pm a LHPS competency validation was requested from the Executive Director but was not provided.	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 11 Interview with Staff B on 03/07/17 at 10:27 am revealed: -She began working at the facility on 02/12/2018. -She changed and adjusted oxygen, and assisted residents with ambulation and transferring. Observation on 03/01/18 at 6:55 am revealed Staff B performing a finger stick blood sugar on a resident. Refer to interview on 03/06/18 at 7:36 pm with the Executive Director. Refer to interview on 03/06/18 at 8:03 pm with the Assistant Executive Director. 2. Review of Staff D's personnel record revealed: -Staff D was hired on 05/9/16 as a Personal Care Aide (PCA). -Staff D began working as a Medication Aide (MA) in November 2017. -There was no licensed health professional support (LHPS) competency validation in Staff D's record. Interview on 03/1/18 at 9:00 am with Staff D revealed: -She changed and adjusted oxygen, collected fingerstick blood sugar (FSBS), administered insulin, and assisted residents with ambulation and transferring. -She remembered attending different trainings but was not sure exactly what they all were. -She thought she had done LHPS validation. -She did not have a copy of her LHPS competency validation and didn't know why it was not in her personnel record. Observation on 3/1/18 at 9:10 am of Staff D	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 12	D 161		

revealed she collected a FSBS for a resident, and administered insulin to a second resident.

On 03/06/18 at 12:07 pm a LHPS competency validation was requested from the Executive Director but was not provided.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.

Refer to interview on 03/06/18 at 8:03 pm with the Assistant Executive Director.

3. Review of Staff F's personnel record revealed:
-He was hired as a Medication Aide (MA) in February 2018, no specific date of hire.
-There was no documentation of a completed LHPS competency validation.

Observation on 02/28/18, 03/01/18, and 03/05/18 from 9:00 am to 4:00 pm at various intervals revealed:
-Staff F was working on the medication cart, administering medications.
-Staff F checked FSBS and administered insulin injections.

Attempted telephone interview on 03/07/18 at 3:41 pm and 4:00 pm with Staff F was unsuccessful.

Review of a resident's Medication Administration Records (MAR) for February 2018 revealed Staff F documented FSBS on 02/23/18, 02/24/18, and 02/25/18 at 8:00 am, and 8:00 pm.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.

Refer to interview on 03/06/18 at 8:03 pm with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 13 Assistant Executive Director. 4. Review of Staff I's personnel record revealed: -There was documentation of a hire date of 07/31/17 as a personal care aide (PCA). -There was no documentation of a completed LHPS competency validation. Observation on 02/28/18, 03/01/18, 03/02/18, and 03/06/18 from 8:00 am to 4:00 pm revealed Staff I was observed assisting residents with showers, ambulating and transferring from the bed to the wheelchair. Interview on 03/07/18 at 4:05 pm with Staff I revealed: -She started working at the facility in July 2017; she was unable to recall the exact date. -She worked as a PCA, assisting residents out of bed, helping them to get dressed, and transferring them to their wheelchair. -She also assisted residents with showering and incontinent care. Refer to interview on 03/06/18 at 7:36 pm with the Executive Director. Refer to interview on 03/06/18 at 8:03 pm with the Assistant Executive Director. Interview on 03/06/17 at 7:36 pm with the Executive Director revealed: -The Assistant Executive Director was responsible for ensuring all required documents were in the staff personnel records. -Currently, the facility had no system in place for reviewing staff records to ensure required training had been completed. Interview on 03/06/17 at 8:03 pm with the	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 14 Assistant Executive Director revealed: -She thought all required items were in the staff folders. -She did not know where the documents were located.	D 161		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 6 medication aides	D 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 164	Continued From page 15	D 164		

sampled (Staff B, C and D) received training by a licensed health professional on the care of diabetic residents prior to administering insulin.

The findings are:

1. Review of Staff B's personnel record revealed:
-Staff B was hired on 02/12/18 as a Medication Aide (MA).
-Staff B passed the written medication examination on 04/28/16.
-There was a medication clinical skills competency validation checklist completed on 02/12/18.
-There was no documentation of training on the care of the diabetic resident for Staff B.

Observation on 03/01/18 at 6:55 am revealed Staff B performing a finger stick blood sugar on a resident.

Interview with Staff B on 03/07/18 at 10:27 am revealed:
-Her job duties included taking care of resident needs and administering medications.
-She had administered insulin and performed finger stick blood sugar checks for residents at the facility.

Review of a resident's March 2018 Medication Administration Records (MAR) revealed Staff B documenting administering insulin on 03/05/18 at 8:00 pm.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.

2. Review of Staff C's personnel record revealed:
-Staff C was hired on 02/17/18 as a Medication Aide (MA).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 164	Continued From page 16	D 164		

-Staff C had not taken the medication aide exam.
-There was a medication clinical skills competency validation checklist completed on 02/18/18.
-There was no documentation of training on the care of the diabetic resident for Staff C.

Observation on 03/06/18 at 8:55 pm revealed Staff C drawing up insulin for a resident.

Interview with Staff C on 03/06/18 9:11 pm revealed:
-Her job duties included taking care of resident needs and administering medications.
-She had administered insulin and performed finger stick blood sugar checks for residents at the facility.

Review of a resident's March 2018 Medication Administration Records (MAR) revealed Staff B documented administering insulin on 03/03/18 and 03/04/18 at 8:00pm.

Refer to interview on 03/06/18 at 7:36 pm with the Executive Director.

3. Review of Staff D's personnel record revealed:
-Staff D was hired on 05/9/16 as a Personal Care Aide (PCA).
-Staff D began working as a Medication Aide (MA) in November 2017.
-There was a medication clinical skills competency validation checklist completed on 11/20/2017.
-There was no documentation of training on the care of the diabetic resident for Staff D.

Interview on 03/1/18 at 9:00 am with Staff D revealed she collected fingerstick blood sugar (FSBS) checks, administered insulin, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 164	Continued From page 17 administered other injectable antidiabetic medications. Observation on 3/1/18 at 9:10 am revealed Staff D administering lantus long-acting insulin, and humalog short-acting insulin to a resident. Review of a resident's February 2018 Medication Administration Records (MAR) revealed Staff D documented administering lantus long-acting insulin, and Humalog short-acting insulin on 2/1/18, 2/4/18, 2/7/18, 2/10/18, 2/14/18, 2/15/18, 2/18/18, 2/19/18, and 2/27/18 at the 8:00 am medication pass. Refer to interview on 03/06/18 at 7:36 pm with the Executive Director. Interview with the Executive Director on 03/06/18 at 7:36 pm revealed the Assistant Executive Director was responsible for making sure staff trainings are complete.	D 164		
D 167	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff	D 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 167	Continued From page 18	D 167		

person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to assure at least one staff person was on the premises at all times that had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 2 of 11 days on third shift from 02/22/18 to 03/06/18.

The findings are:

Review of Staff B's personnel file revealed:
-Staff B was hired on 02/12/18, as medication aide.
-There was no documentation of Staff B's CPR certification.

Review of the February 2018 and March 2018 staffing schedule revealed Staff B was scheduled to work on 03/01/18, 03/04/18, 03/05/17, and 03/06/18.

Review of Staff B's time card of days worked revealed:
-Staff B's name was on the schedule as the supervisor.
-There was nothing on the schedule to identify the staff that had CPR.
-There were 2 of 11 shifts from 02/22/18 through 03/06/18 that had no staff certified in CPR.

Requests made on 03/06/17 and 03/07/18 for documents of other staff with CPR certification that worked with Staff B on the two shifts uncovered with a staff certified in CPR was not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 167	Continued From page 19 Interview on 03/06/18 at 9:38 pm with the Executive Director revealed: -She prepared the schedule. -She tried to ensure that every shift was covered by a staff that had CPR. -She did not have a list of staff with current CPR certification. -She did not know Staff B's CPR had expired. -Staff B also worked with other staff that had CPR. -She did not validate that every shift was covered by a staff person with CPR. Interview on 03/07/18 at 10:27 am with Staff B revealed: -She started working at the facility on 02/19/18 as a medication aide supervisor on the night shift. -She had CPR certification, but it expired in November of 2017.	D 167		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 20	D 234		

facility failed to assure 2 of 6 sampled residents (#1, #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.

The findings are:

1. Review of Resident #1's FL-2 dated 02/08/18 revealed diagnoses of postprocedural subglottic stenosis, muscle weakness, primary hypertension, stridor, and dysphagia.

Review of Resident #1's Resident Register revealed he was admitted to the facility on 02/23/18.

Review of Resident #1's tuberculosis (TB) screening revealed:
-There was a computer printed form from a skilled nursing facility with one TB skin test placed on 01/22/18 and documented as negative (0mm). No date or signature was documented on the form of when it was read.
-There was no documentation of any other TB skin tests in the record.

Interview on 03/06/18 at 5:09 pm with the Assistant Executive Director revealed:
-She was responsible for making sure TB skin tests were on record for residents.
-She was not aware the TB skin test for Resident #1 was incomplete.

2. Review of Resident #3's FL-2 dated 1/20/18 revealed diagnoses of hypoxia, hypokalemia, chronic obstructive pulmonary disease, diabetes, tachycardia, a history of right breast cancer, hypertension, and anxiety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 21 Review of Resident #3's Resident Register revealed she was admitted to the facility on 05/17/2011. Review of Resident #3's TB Screening revealed there was no documentation of any TB skin test in the record. On 3/5/18 at 11:00 am and 3/6/18 at 12:45 pm, copies of Resident #3's TB skin test documentation was requested from the Assistant Executive Director but were not provided. Interview on 03/06/18 at 5:09 pm with the Assistant Executive Director revealed: -She was responsible for making sure TB skin tests were on record for residents. -She was not aware the TB skin test for Resident #3 was not in the record.	D 234		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 7 sampled residents who had a history of sexually inappropriate behavior toward other	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 22	D 270		

residents since admission and was placed in a room with another resident who could not verbally communicate effectively.

The findings are:

Review of Resident #7's current FL2 dated 11/13/17 revealed diagnoses of schizophrenia, dementia, adjustment disorder with anxiety, diabetes mellitus type 2, chronic obstructive pulmonary disorder, and right lower extremity amputation.

Review of Resident #7's Resident Register revealed an admission date of 11/14/17.

Review of Resident #7's provider orders dated 2/20/18 revealed Resident #7 was prescribed Haldol and clozapine (anti-psychotic medications used to treat schizophrenia), donepezil (used for dementia), and alprazolam (used to reduce anxiety and control behaviors.)

Interview on 2/28/18 at 10:15 am with a resident revealed:
-He had moved to the facility in November 2017.
-He had previously been in a room, shared with Resident #7.
-He had been moved from his previous room to a new room with a new roommate approximately 2 weeks prior to 2/28/18.
-He was moved because he complained to facility staff about Resident #7 behaviors.
-He had asked for Resident #7 to be removed from his room and the facility due to sexually inappropriate behaviors Resident #7 was displaying to him, other residents, and staff.
-The Assistant Executive Director (ED) had witnessed Resident #7's actions in the room, including "being naked and masturbating."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 23	D 270		

-Resident #7 had propositioned him and several other residents for sexual activities over the course of several months.
-This made the resident feel very uncomfortable, because he was not homosexual, and he had asked Resident #7 to leave him alone.
-He didn't understand why the Assistant ED had done nothing to correct Resident #7's behaviors toward him or anyone else.
-He felt the Assistant ED favored some residents over others, and Resident #7 was one of them.

Based on observations and interviews, Resident #7's current roommate was unable to verbally communicate effectively and not interviewable.

Review of Resident #7's provider notes revealed:
-Resident #7 was seen by the facility's contracted mental health providers and primary care providers for his medical needs.
-Resident #7 had been seen on 2/20/18 for a follow up visit from 2/6/18 by the contracted psychiatrist and his alprazolam dose had been increased from 0.25 mg to 0.5 mg three times a day due to reported inappropriate behaviors, including sexual preoccupation.
-The psychiatrist's visit notes documented that staff had met with him for care coordination on 2/20/18 and reported management issues, hitting staff, and sexually inappropriate behaviors. These behaviors were described as combative with women and sexually inappropriate with men, including staff and residents.

Review of Resident #7's progress notes and the facility's supervisor notebook (used to document information to be shared by staff between shifts) revealed no documentation from his arrival on 11/14/17 until 03/04/18 regarding Resident #7's behaviors, increased supervision or any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 24	D 270		

interventions implemented regarding Resident #7's behaviors.

Review of Resident #7's February 2018 and March 2018 MAR and controlled substance logs revealed that it could not be determined if Resident #7's alprazolam had been given as ordered, due to inaccuracy of the MAR. [Refer to Tags 367 and 392.]

Observation on 03/01/18 at 2:20 pm of Resident #7 revealed:
-Resident #7 was ambulating in his wheelchair through the facility's halls.
-He stopped and said, "Hey, lady. Can you help me? I need you to [expletive] me."
-Staff were alerted and redirected Resident #7 to his room.

Observation on 03/05/18 at 10:00 am revealed that Resident #7 was not in the facility.

Interview with staff revealed that Resident #7 had been involuntarily committed on 03/04/18 for being a danger to himself and others.

Interview on 3/5/18 at 4:07 pm with the same resident revealed:
-Resident #7 had "went to the crazy house with 4 police officers" the afternoon of 3/4/18.
-Resident #7 was "acting out when the pastor brought him back from church."

Review of an incident report dated 3/5/18 revealed:
-Resident #7 had returned from church the afternoon of 3/4/18.
-The church had reported disruptive behaviors to the Assistant ED upon Resident #7's return.
-Resident #7 "threw food, hit walls, and choked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 25	D 270		

himself" in front of facility staff and residents after arriving back from church.
-The Assistant ED had gone to the magistrate's office for an involuntary commitment order and had Resident #7 removed from the facility by law enforcement.

Interview on 3/5/18 at 5:10 pm with a medication aide revealed:
-Resident #7 had been involuntarily committed the previous night, 3/4/18, after getting in a fight over cigarettes with another resident.
-She was working on a medication cart that evening and was present when the resident left.
-She was aware of Resident #7's frequent outbursts and inappropriate behaviors.
-She was told by other staff and residents that Resident #7 had entered other male residents' rooms and attempted to "grab their penis," during the time that his roommate had been changed.

Interview on 3/6/18 at 10:45 am with a second medication aide revealed:
-Resident #7 frequently displayed inappropriate verbal outbursts of a sexual nature to residents and sometimes staff.
-The Assistant ED and the ED were aware of these verbal outbursts.
-The ED had told her on 3/5/18 that she knew about Resident #7's inappropriate verbal comments to other residents.
-The ED had asked her on 3/5/18 if she had ever seen Resident #7 touch another resident.
-She had not witnessed Resident #7 touch another resident.
-She had heard Resident #7 say inappropriate comments to other male residents.
-She frequently had to stop Resident #7 from verbally harassing other residents.
-Most of Resident #7's inappropriate sexual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 26	D 270		

comments were directed to male residents.
-Staff would try to redirect Resident #7 or move him away from other residents when he was displaying behaviors.
-Resident #7 was not on increased supervision.

Observation on 3/6/18 at 1:30 pm revealed that Resident #7 had returned to the facility.

Interview on 3/6/18 at 2:07 pm with the Assistant ED revealed:
-No other residents had ever complained to her about Resident #7 speaking or acting inappropriately to them.
-She did not recall ever reporting sexually inappropriate behaviors to the contracted psychiatrist for Resident #7.
-She had never witnessed Resident #7 have any inappropriate behaviors until the weekend of 3/3/18-3/4/18.
-She had Resident #7 involuntarily committed because he had "jabbed at her with a fork" and "was choking himself."
-The church representative had informed her that Resident #7 was disruptive in church but she did not know any details.
-Resident #7 was "a preacher and a professor" and he "rolled around the halls loudly preaching and singing," but "we can't stop him because that's his religion."
-Residents may have complained to other management but it had not been reported to her.
-She had not attended the psychiatric visit on 2/20/18 or participated in any care conference with the psychiatrist on that day other than to inform the psychiatrist that Resident #7 "was complaining about his nerves."
-Resident #7 had told her and the psychiatrist that he did not want the Assistant ED participating in his visit, so she left and did not know what was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 27	D 270		

discussed.

Interview on 3/6/18 at 10:00 am with the facility's contracted psychiatrist revealed:
-The psychiatrist was familiar with Resident #7 and had seen him twice in February 2018.
-The Assistant ED always sat with him during his on site visits to help coordinate care for the residents and report problems.
-On his last visit, 2/20/18, the Assistant ED had reported increased agitative behaviors for Resident #7, including sexually inappropriate behaviors with residents and staff.
-He had included these reports in his visit notes.
-Resident #7 was known to have sexual preoccupation as a symptom of his schizophrenia.
-He had increased Resident #7's alprazolam dosage to help with agitation and inappropriate behaviors.
-He had not known until he arrived in the building that Resident #7 had been involuntarily committed on 3/4/18.

Observation on 3/6/18 at 6:12 pm of Resident #7 revealed:
-Resident #7 was maneuvering his wheelchair and saying, "I'm going to my room, you need to come with me."
-His speech was slurred.
-He replied, "No, I need you to go to my room and [expletive] me."
-He then rolled up to another resident and attempted to touch and grab her as she sat in the hall.
-The resident rolled backward to avoid Resident #7 touching her.
-He told the resident, "I'm going to [expletive] you tonight, grandma."
-No staff intervened and Resident #7 went to his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 28 room alone. Confidential interview with a resident revealed: -Resident #7 had grabbed her arm. -Resident #7 had said something inappropriate to her but she did not want to repeat his exact words because they "were nasty" and "made her uncomfortable." -Resident #7 had said something similar to "I'm going to get you tonight, grandma," but with a vulgar word. -Resident #7 often harassed her verbally and occasionally grabbed at her. -Staff were aware of Resident #7's behaviors. -Resident #7 had inappropriate behaviors "a lot," with "a lot of residents." The facility failed to provide appropriate and effective supervision to a resident, who had a history of inappropriate sexual behaviors and verbal comments toward other residents, resulting in a hospitalization for involuntary commitment for Resident #7 and assigning Resident #7 to another roommate, who was aphasic and unable to verbalize his needs and concerns. This failure resulted in substantial risk for serious physical harm and neglect, and constitutes a Type A2 Violation. A Plan of Protection was provided on 03/19/18 as follows: -All residents' record will be reviewed to see if need increased supervision for behaviors. -The facility's behavior plan to include psychiatrist and/or physician (PCP). -Hourly checks will be don on residents by staff. -Behavior modification techniques identified in Plan to be implemented by the Supervisor on duty according to behavior intervention Care Plan and assessment.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 29 -Staff (Supervisor on duty) to perform hourly checks on residents who are on increased supervision for behaviors. -Hourly checks will be documented in assigned log. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 6, 2018.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to contact the healthcare provider for 1 of 6 residents sampled (#5) who had severe pain. The findings are: Review of Resident #5's current FL2 dated 08/22/17 revealed: -Diagnoses included diabetes mellitus type 2, hepatitis C, osteoarthritis, chronic obstructive pulmonary disease, coronary artery disease, pacemaker, sick sinus syndrome, asthma, and schizoaffective disorder. -There was a physician's order for Percocet 5-325mg (used to treat moderate to extreme) four times daily.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 30	D 273		

Review of Resident #5's subsequent physician's orders revealed:
-There was a physician's order dated 11/30/17 for Percocet 5-325mg three times daily.
-There was a hospital discharge summary report dated 02/07/18 with an order for Percocet 5-325mg three times daily.

Interview on 03/05/18 at 1:08 pm with Resident #5 revealed:
-She was ordered Percocet three times a day because she was continually in pain.
-She had fractured her left ankle in five places and needed surgery.
-She was told by the orthopedic physician that she needed to stop smoking before she could have the surgery.
-Because she needed surgery, she was in constant pain.
-She also had arthritis in both her knees, which caused her a lot of pain.
-On 02/05/18, she went to the hospital for pneumonia.
-She returned back to the facility the evening of 02/07/18.
-Facility staff told her that she was out of Percocet.
-She asked for Percocet three times a day and each time was told she was out of Percocet.
-For two and one half weeks facility staff told her that she was out of Percocet.
-She told the Assistant Executive Director (ED) and the medication aide (MA)/Supervisor that she was in pain; the pain was bad and unbearable.
-"I was crying," saying, "y'all got to do something."
-She was not given anything for pain.
-She asked one of the MAs on the night shift for the pain medication and the MA told her the medication was not available.
-The MA also told her that staff were marking on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 31	D 273		

the MAR that she was getting Percocet, but the medication was not available to administer.

Interview on 03/05/18 at 4:15 pm with a MA revealed:
-Resident #5 was out of Percocet from 02/05/18 to 02/22/18.
-She did not contact the Nurse Practitioner (NP) regarding the resident's pain or being out of the medication.
-She thought the Assistant ED or the MA/supervisor were checking on the medication, because she had heard prior authorization was needed for the medication.
-She had not checked herself to ensure why the medications was not dispensed.
-It was the facility's protocol to reorder medications before they ran out.

Interview on 03/02/18 at 9:10 am with the NP revealed:
-"No resident should run out of a medication."
-The facility staff should have a system so medications did not run out.
-No one at the facility had contacted him to inform him that Resident #5 was in pain or out of Percocet.
-The facility staff had the NP's phone numbers and they could have left a message for him.

Interview on 03/02/18 at 3:21 pm with the AED revealed:
-She did not remember Resident #5 telling her that she was in pain.
-Resident #5 was out of Percocet because they were waiting on prior authorization to get the medication filled.
-She was unable to provide documentation of the need for the prior authorization.
-She did not notify the physician regarding

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 32	D 273		

Resident #5's complaint of pain because she did not know about the pain.

Interview on 03/05/18 at 12:01 pm with a second NP revealed:
-She did not know Resident #5 was without Percocet from 02/07/18 through 02/22/18.
-No one at the facility had advised her that prior authorization was needed before the resident could get the pain medication.
-No one at the facility contacted her or the office to inform the NP the Percocet was out or that the resident was in pain.
-She was in the facility on 02/08/18 and could have given an order for the medication to be refilled.

Interview on 03/05/18 at 12:13 pm with a staff at the contracted pharmacy revealed:
-Resident #5's Percocet 5-325mg was filled on 11/30/17, and 90 tablets were dispensed.
-The medication should have lasted until 12/30/17.
-Percocet was filled again on 01/04/18, and 90 tablets were dispensed.
-The medication would have run out on or close to 02/04/18.
-No Percocet was dispensed between 02/04/18 through 02/21/18.
-They do not show they were waiting on prior authorization to fill the medication.
-They needed an order from the physician.
-They received an order dated 2/22/18 for Percocet 5-325mg three times daily.
-The medication was filled on 2/22/18 and 90 tablets were dispensed.
-Percocet was a controlled medication and due to the new laws, a resident had to express pain before a new script was given. Once the resident complained of pain, the facility needed to contact

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 33 the physician for a new order. -The physician wrote a new prescription and the facility faxed a copy to the pharmacy. -The pharmacy driver visited the facility every night to pick-up and deliver medications. -During the visit to the facility the hard script was sent to with the driver.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to implement physicians' orders for 2 of 6 sampled residents (#6 and #3) regarding an order to obtain weekly weights. The findings are: 1. Review of Resident #6's current FL2 dated 10/26/17 revealed diagnoses included hypertension, hypothyroidism, arthritis, and fibromyalgia. Review of Resident #6's physician's order dated 02/15/18 revealed an order to check weight weekly and record on the Medication	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 34	D 276		

Administration Record (MAR).

Review of Resident #6's February 2018 MAR revealed there was no entry for weekly weights transcribed on the MAR as ordered on 02/15/18.

Review of Resident #6's March 2018 MAR revealed there was no entry for weekly weights transcribed on the MAR as ordered on 02/15/18.

Review of Resident #6's MARs revealed no documentation for Resident #6's weight from 02/15/18 to 03/05/18.

Telephone interview on 03/06/18 at 9:30 am with Resident #6's primary care physician's Nurse Practitioner (NP) revealed:
-She had written an order to weigh Resident #6 weekly because the resident was complaining of weight loss and the NP wanted to monitor the resident's weight.
-The NP did not know the facility had not started weighing Resident #6 as ordered on 2/15/18.
-The NP expected the facility to weigh Resident #6 and document the weight on the resident's MAR in order for the NP to review when she saw Resident #6 the next time.
-She "really needs to know if the patient is losing weight" because the resident was complaining that she was losing weight.

Interview on 03/06/18 at 11:32 am with the Assistant Executive Director (ED) revealed:
-Orders for residents' weights to be obtained were usually transcribed to the MAR by the medication aide on duty when the order was received.
-The facility contracted with an outside agency to do monthly weights and vital signs.
-The facility had a "vital signs" notebook that was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 35	D 276		

used by the outside agency contracted to obtain the monthly weights and vital signs.
-Resident #6 had no documentation for weights taken from 02/15/18 to 03/05/18 on the February or March 2018 MAR or in the "vital signs" notebook.

Interview on 03/06/18 at 11:40 am with the Executive Director (ED) and Assistant ED revealed:
-The Assistant ED was responsible for assuring physician's orders were followed.
-The Assistant ED was responsible to audit residents' record for physician's orders compared to the residents' MARs for implementing orders as written.
-The ED performed random audits of residents' MARs but that was more for documentation of medication administration than orders compared to MARs.

Interview on 03/06/18 at 12:00 pm with a medication aide (MA) revealed:
-The pharmacy was responsible to enter the orders on the new MARs.
-When an order was received, the MA on duty would be responsible to transcribe the order to the current MAR.
-The MA would be responsible for weighing a resident if the order for weights appeared on the MAR at a time scheduled during the MA's shift.
-She did not know Resident #6 had an order to be weighed weekly.
-Since the order for weekly weight was not transcribed on the February 2018 MAR or added by the pharmacy on the March 2018 MAR, she would not know to weigh the resident.

Telephone interview on 03/06/18 at 1:20 pm with a representative at the contracted pharmacy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 36	D 276		

revealed:
-The facility was responsible to fax all physician orders to the pharmacy for transcription on the residents' MARs.
-The pharmacy did not have documentation for receiving Resident #6's physician's order dated 02/15/18 to check weight weekly and record on the MAR.

Interview on 03/06/18 at 4:00 pm with a second MA revealed:
-She did not know why Resident #6's order for weekly weights was not transcribed on the resident's March 2018 MAR.
-She added the order to the MAR at that time (03/06/18 at 4:00 pm).

Interview on 03/06/18 at 6:00 pm with Resident #6 revealed:
-Staff had not been weighing her weekly.
-She was weighed last evening (03/05/18) by the MA on duty and weighed 146 pounds.
-Staff were not aware she was supposed to be weighed weekly per the NP's order in February 2018.

Interview on 03/06/18 at 6:40 pm with the Owner/Administrator revealed:
-She was not sure why Resident #6's order for weekly weights was not transcribed to the February 2018 MAR when it was received.
-The MA on duty should have transcribed the order.
-The order should have been printed on the March 2018 MAR by the pharmacy.

2. Review of Resident #3's FL-2 dated 1/20/18 revealed:
-Diagnoses of hypoxia, hypokalemia, chronic obstructive pulmonary disease, diabetes,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 37	D 276		

tachycardia, a history of right breast cancer, hypertension, and anxiety.
-There was an order to weigh the resident weekly.

Review of Resident #3's provider's orders dated 12/07/17 revealed an order for weekly weights, to be documented on the medication administration record (MAR).

Review of Resident #3's December 2017 and January 2018 MARs revealed weights were obtained weekly.

Review of Resident #3's February 2018 MAR revealed:
-There was no entry on the MAR to check weights each week.
-There was a printed entry on the MAR to check weight monthly.
-A weight was documented as 128 on 2/1/18 in the monthly weight column.

Review of Resident #3's provider orders revealed there was no order to discontinue weekly weights.

Interview on 2/28/18 at 10:05 with Resident #3 revealed she had not been weighed weekly in February.

Interview on 3/5/18 at 1:40 pm with Assistant Executive Director (ED) revealed:
-She did not know why weekly weights were not transcribed on the MAR for February 2018.
-She would look for an order from the provider discontinuing the weights.

Interview on 03/06/18 at 9:13 am with the Nurse Practitioner (NP) revealed:
-On 12/07/17 she ordered weekly weights and nutritional shakes for Resident #3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 38 -Resident #3 told the NP that she had lost weight and sometimes did not eat meals. -She did not visually observe if the resident had lost weight, but ordered nutritional shakes twice daily and weekly weights. -If for some reason Resident #3 did not get nutritional shakes or weekly weights as ordered, no one at the facility contacted her. -She expected Resident #3 to be administered the nutritional shakes twice daily and weights to be obtained weekly. Observation on 3/6/18 at 5:50 pm of a medication aide weighing Resident #3 revealed that she weighed 133.5 pounds.	D 276		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure non-disposable place settings for beverages were used for 21 residents residing in the facility. The findings are:	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 39 Observation on 02/28/18 from 12:00 pm to 1:00 pm of the lunch meal service revealed forty-four residents were present for the meal, and twenty-one residents received beverages in disposable cups. Observation on 02/28/18 from 5:00 pm to 5:45 pm of the the dinner meal service revealed forty-three residents were present for the meal, and twenty-one residents received beverages in disposable cups. Observation on 03/01/18 from 8:00 am to 9:00 am of the breakfast meal service revealed fifty-three residents were present for the meal, and twenty-one residents received beverages in disposable cups. Interviews on 02/28/18 5:45 pm and 03/01/18 at 9:00 am with 8 residents revealed: -Disposable cups were used at every meal. -The facility did not have enough of the plastic cups and served some beverages in disposable cups. -The facility had used disposable cups for months. -Most beverages were okay in disposable cups, but the coffee sometimes was hot to the touch. Interview on 02/28/18 at 12:40 pm with the cook revealed: -He had worked at the facility for two and one-half years. -There were not enough cups to serve all residents milk, water and tea and/or juice at meals. -Usually, milk was served at breakfast only, but today he told the dietary aide to serve milk for lunch. -There was not enough cups for all the	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 40 beverages, so he told the dietary aide to use disposable cups. -The facility had been short of cups for several months, especially during the breakfast meal. -He had not mentioned to management the facility was short of cups. Interview on 03/01/18 at 8:01 am with the dietary aide revealed: -She had worked in the dining room for one week as a dietary aide. -She prepared the beverages for the breakfast, lunch and dinner meals. -There were not enough cups to serve all residents, water, juice, milk and/or tea. -She was told by the cook to use disposable cups. -The residents had not complained to her about the disposable cups. Interview on 03/01/18 at 2:34 pm with the Administrator revealed: -The facility had non-disposable cups stored somewhere in the building. -She did not know why staff did not use them. -She would make staff were aware of where the cups were located and ensure they were used for the next meal. -She did not observe the meals to ensure the place setting was non-disposable. -After today, she will make sure the Executive Director and the Assistant Executive Director observed the meals in the dining room and non-disposable place settings were used.	D 287		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 41 (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 3 of 5 residents (#9, #3, and #2), with orders for therapeutic diets for chopped meats and thickened liquids (#9), no concentrated sweets (NCS) diet and nutritional supplement (#3), and nutritional supplements (#2) were served as ordered. The findings are: 1. Review of Resident #9's current FL2 dated 08/24/17 revealed: -Diagnoses included muscle weakness and cerebrovascular accident due to stroke. -There was a physician's order for chop plate and nectar thickened liquids. Review of Resident #9's FL2 dated 07/05/17 revealed a physician's order for chop plate and nectar thickened liquids. Review of a home health report dated 09/08/17 revealed Resident #9 was having speech therapy due to swallowing issues and difficulty swallowing. Review of a hospital discharge summary report dated 09/16/17 revealed a diagnosis of dysphagia and a order for honey thickened liquids. Review of Resident #9's record revealed a diet	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 42 order dated 10/13/17 for no added table salt and no added table sugar. Review of the diet list in the kitchen dated 02/12/18 revealed Resident #9 was ordered a no added salt diet, nectar thickened liquids, and mechanical soft diet. Observation on 02/28/18 from 5:00 pm to 5:45 pm of the dinner meal revealed: -Beverages were set on the table prior to the meal. -Resident #9's meal consisted of a whole hamburger with bun, lettuce, tomato, French fries, baked beans, lemon pudding, 6 ounces of water, 6 ounces of tea and 4 ounces of milk. -The hamburger was not chopped, cut up or ground. -The beverages were not thickened. -The resident consumed all the water and milk, and 50% of the tea with no identified complications. Observation on 03/01/18 from 8:00 am to 9:00 am of the breakfast meal revealed: -Beverages were set on the table prior to the meal. -Resident #9's meal consisted of oatmeal with 1/3 cup standing milk (not thickened), eggs with standing water at the bottom of the plate, one slice of bacon, and one slice of toast, 4 ounces of milk, 6 ounces of water, and 4 ounces of orange juice, and coffee. -The bacon was not chopped or soft. -The milk, water, orange juice and coffee were not thickened. -The resident consumed all the water and milk, and 50% of the tea with no identified complications.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 43	D 310		

Observation on 03/01/18 at 7:40 am of the medication aide/Supervisor revealed:
-Resident #9 was administered medications with 4 ounces of water that had not been thickened.
-The resident did not have difficulty consuming the water without thickener.

Observation on 03/01/18 from 12:00 pm to 1:00 pm of the lunch meal revealed:
-Beverages were set on the table prior to the meal.
-Resident #9's meal consisted of lasagna with meat sauce, lettuce salad with dressing, toast, canned pears with juice at the bottom of the bowl, 4 ounces of milk, 6 ounces of water, and 6 ounces of tea.
-The milk, water and tea had been thickened, but did not appear to be honey consistency.
-The upper 2 ounces of the water was clear and could be seen through.
-The bottom 4 ounces of water was cloudy and could not be seen through.
-The resident consumed all the water and tea 50% and 100% of the milk with no identified complications.

Review of the container of thickener instructions revealed to obtain honey consistency in 6 ounces of water add 2 tablespoon plus 1 and 1 ½ teaspoons of thickener.

Interview on 02/28/18 at 5:50 pm and 03/01/18 at 8:44 am with the cook revealed:
-Currently, no residents at the facility received thickened liquids.
-Two months ago he was verbally told by another staff person (unable to recall who) that Resident #9 was "off thickened liquids."
-He would check with management to find out if Resident #9 had a current order for thickened

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 44	D 310		

liquids.
-The facility had a case of thickener from previous residents.
-Resident #9 used to receive thickened liquids.
-He could not recall the consistency of the liquids.
-Resident #9 was no longer on thickened liquids.
-He was not given an order to discontinue Resident #9's thickened liquids.
-He stopped serving Resident #9 thickened liquids two months ago.
-He was told Resident #9 was on a regular diet.
-Management got the diet orders and gave him a list to follow when preparing meals.

Interview on 03/01/18 at 8:01 am with the dietary aide revealed:
-She had worked in the dining room for one week.
-The cook told her what she needed to do to set-up for the meals.
-She prepared the beverages for the breakfast, lunch, and dinner meals.
-Beverages were set on the table prior to the meal.
-She did not prepare thickened liquids for any residents in the dining room.
-She did not know Resident #9 had an order for thickened liquids.

Interview on 03/01/18 at 9:00 am with the Supervisor revealed:
-She administered Resident #9's medications this morning.
-She did not thickened Resident #9's liquids.
-To her knowledge Resident #9 was not ordered thickened liquids.
-She will check the diet list and see the type of diet ordered.

Interview on 03/02/18 at 10:30 am with the food service manager revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 45 -He had worked at the facility for 20 years. -He trained the cook how to prepare thickened liquids. -He had not looked at the instructions on the container of thickener regarding how to prepare the liquid to honey consistency. -A few years ago he received training how to prepare thickened liquids from a nurse that provided training to facility staff. -He did not know Resident #9 was to still get thickened liquids. Second interview on 03/01/18 at 12:15 pm with the cook revealed: -He put one teaspoon of thickener in Resident #9's 6 ounces of water, tea and milk. -The food service manager showed him how to thicken liquids. -He did not know Resident #9 had to have all liquids thickened. -He did not know the instructions to thicken liquids was on the side of the box of thickener. -He thickened Resident #9's beverages from memory. Interview on 03/01/18 at 12:25 pm with Resident #9 revealed: -She sometimes had difficulty swallowing. -She knew how to swallow beverages so she did not choke. -It had been a month or more since she received thickened beverages. -No one had told her why she was no longer getting thickened liquids. -She did not ask because she hated the taste of the thickener. -She did not know the consistency of the thickened liquids ordered. Interview on 03/01/18 at 2:34 pm with the	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 46	D 310		

Administrator revealed:
-She thought Resident #9 was ordered a regular diet.
-She was aware the regular diet and thickened liquids were not the same.
-She thinks when the Nurse Practitioner (NP) assessed the resident, he wrote orders for "no added table sugar and no added table salt."
-She had not clarified the diet order with Resident #9's NP, because he (NP) no longer worked for the company and did not visit the facility anymore.
-The resident was ordered a regular diet and that was stuck in her head.

Attempted of interview on 03/02/18 at 2:15 pm and 03/05/18 at 1:10 pm with Resident #9's NP was not successful.

Refer to interview on 03/01/18 at 10:40 am with the Assistant Executive Director.

Refer to interview on 03/01/18 at 1:38 pm with the Executive Director (ED).

2. Review of #3's current FL2 dated 01/20/18 revealed:
-Diagnoses included diabetes, chronic obstructive pulmonary disease, hyperlipidemia, bilateral pneumonia, and hypertension.
-There was a physician's order for no concentrated sweets (NCS) diet.

A. Review of the diet list dated 02/13/18 in the kitchen revealed Resident #3 was to receive a no added salt and no concentrated sweets diet.

Review of the NCS therapeutic menu (dietitian approved) revealed a resident ordered this diet were to receive the following for the dinner meal on 02/28/18; hamburger on a bun, French fries,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 47	D 310		

tomato slices on lettuce, diet fruited gelatin, and unsweetened beverages for the dinner meal.

Observation on 02/28/18 from 5:00 pm to 5:45 pm of the dinner meal revealed:
-Resident #3's meal consisted of whole hamburger with bun, lettuce, tomato, French fries, baked beans, lemon pudding, water, tea and milk.
-The resident consumed 50% of the meal, and 100% of the lemon pudding.

Review of the nutrition facts on the lemon pudding revealed 1 serving had 9 grams of sugar and the first ingredient was sugar.

Review of the nutrition facts on the baked beans revealed 1 serving had 12 grams of sugar and the ingredients were brown sugar and corn syrup.

Review of the NCS therapeutic diet menu revealed residents ordered this diet were to receive unsweetened orange juice, low sugar hot cereal, egg, toast, diet jelly and 2% milk for the breakfast meal on 03/01/18.

Observation on 03/01/18 from 8:00 am to 9:00 am of the breakfast meal revealed:
-Resident #3's meal consisted of oatmeal, eggs, one slice of bacon, one slice of toast, 6 ounces of milk, 6 ounces of water, 4 ounces of orange juice, and 6 ounces of coffee.

Review of the nutrition facts for the orange juice revealed a serving consisted of 7 grams of sugar.

Interview on 03/02/18 at 5:08 pm with Resident #3 revealed:
-She was a type 2 diabetic.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 48	D 310		

-She had always received the same meal as other residents in the dining room.
-She had also received the same dessert.
-She got unsweetened tea and was given artificial sweetener.
-She "wished" the facility would serve her sugar free meals.

Refer to interview on 03/01/18 at 10:40 am with the Assistant Executive Director.

Refer to interview on 03/01/18 at 1:38 pm with the Executive Director (ED).

B. Review of #3's current FL2 dated 01/20/18 revealed a physician's order for nutritional shakes at breakfast and dinner meals.

Review of the diet list dated 02/13/18 in the kitchen revealed nutritional shakes were not listed for Resident #3.

Review of Resident #3's December 2017, January, February, and March 2018 medication administration records (MARs) revealed:
-Nutrition shakes were transcribed on the MARs and scheduled for administration at 8:00 am and 12:00 pm.
-Nutritional shakes were documentation administered twice daily as ordered.

Observation on 02/28/18 from 5:00 pm to 5:45 pm of the dinner meal revealed no nutritional shake was served during the meal.

Observation on 03/01/18 from 8:00 am to 9:00 am of the breakfast meal revealed no nutritional shake was served during the meal.

Observation on 03/05/18 at 8:00 am revealed two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 49	D 310		

brand name nutritional shakes were on top of the medication cart. No nutritional shake was provided to Resident #3.

Interview on 03/02/18 at 5:08 pm with Resident #3 revealed:
-She had never been served a nutritional shake at meals or between meals.
-She had asked facility staff for nutritional shakes because she did not always eat her meals.
-When she asked for nutritional shakes they were not given to her.
-She did not know if the Nurse Practitioner (NP) had wrote an order for nutritional shakes because no one at the facility had ever told her or served her the nutritional shakes.

Interview on 03/05/18 at 1:40 pm with the Assistant Executive Director revealed:
-All shakes for residents were kept in the kitchen in the refrigerator.
-Yesterday, she went to the local store and bought a different brand of nutritional shakes because the residents decided they didn't like the current shakes.

Interview on 03/01/18 at 12:10 pm with the cook revealed:
-Resident #3 was not ordered shakes.
-Giving shakes out to the residents was his responsibility.
-He had not given shakes to any residents for two months.
-He did not think any residents had current orders for nutritional shakes.

Interview on 03/06/18 at 9:13 am with the NP revealed:
-On 12/07/17, she ordered nutritional shakes for Resident #3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 50	D 310		

-Resident #3 told her that she had lost weight and sometimes did not eat meals.
-She did not visually observe the resident had lost weight, but ordered the nutritional shakes twice daily and weekly weights.
-If for some reason Resident #3 did not get nutrition shakes as ordered, no one at the facility contacted her.
-She expected Resident #3 to be administered the nutrition shakes twice daily.

Refer to interview on 03/01/18 at 10:40 am with the Assistant Executive Director.

Refer to interview on 03/01/18 at 1:38 pm with the Executive Director (ED).

3. Review of Resident #2's FL2 dated 12/07/17 revealed:
-Diagnoses included bipolar I, depression, and migraines.
-There was a diet order for a regular diet; and nutritional shakes twice a day.

Review of the therapeutic diet list on 02/28/18 revealed Resident #2 was to be served a regular diet; nutritional shakes were not listed

Interview with Resident #2 on 03/01/18 at 11:54 pm revealed she had not received nutritional shakes since she moved into the facility. (She was admitted to the facility on 12/07/17.)

Review of Resident #2's January, February, and March 2018 Medication Administration Record (MAR) revealed nutritional health shakes documented as administered twice a day beginning 1/10/18 through 1/31/18; 2/1/18 through 2/28/18; and 03/01/18 through 03/06/18.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 51 Observation of the lunch meal on 03/01/18 at 12:06 pm revealed: -Resident #2 was served coffee, water, tea, and milk. -Resident #2 was not offered a nutritional shake. Interview with a medication aide/supervisor (MA) on 03/01/18 at 12:01pm revealed: -Resident #2 had nutritional shakes ordered but she was not receiving them. -The MAs documented the nutritional shakes on the MARs. -The nutritional shakes were given to the residents by the dietary staff. -The MAs observed meal times to ensure the residents received the nutritional shakes. Interview with dietary aide on 03/01/18 at 12:08 pm revealed Resident #2 did not receive nutritional shakes served by the kitchen staff. Interview with the cook on 03/01/18 at 12:15 pm revealed: -Resident #2 did not receive nutritional shakes and had never received nutritional shakes since moving into the facility. -"I haven't given any shakes to any residents in two months". Observation of the kitchen on 03/01/18 at 12:25 pm revealed there was one box of nutritional shakes stocked in the refrigerator. Telephone interview with Resident #2's primary care provider on 03/06/18 at 9:13 am revealed she was not aware that Resident #2 had a nutritional shakes order. Refer to interview on 03/01/18 at 10:40 am with the Assistant Executive Director.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 52 Refer to interview on 03/01/18 at 1:38 pm with the Executive Director (ED). Interview on 03/01/18 at 10:40 am with the Assistant ED revealed: -She prepared the diet list for the facility and gave a copy to the staff in the kitchen. -She reviewed FL2's and diet orders written by the NP and/or physician. -She did not observe meals in the dining room to ensure diets were served as ordered. Interview on 03/01/18 at 1:38 pm with the ED revealed: -She had worked at the facility since November 2017. -When she received a diet order update or change, it was given to the Assistant ED to put on the diet list. -There was no system in place to ensure residents received the diet as ordered.	D 310		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure 1 of 6	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 53	D 338		

sampled residents (Resident #4) was free of verbal abuse and inappropriate sexual behaviors by another resident; and 3 of 6 residents (#1, #2, and #11) were free of physical abuse, verbal abuse, and neglect by a staff (Staff B) regarding Staff B not helping a resident (#1) with tracheotomy care, Staff B twisting a resident's arms (#2), and verbal abuse toward another resident (#11) by Staff B.

The findings are:

1. Review of Resident #4's current FL2 dated 11/13/2017 revealed:
-The resident had diagnoses of diabetes mellitus type 2, hypertension, malnutrition, depressive disorder, and he was a bilateral lower extremity amputee.
-Resident #4 was non-ambulatory and relied on a wheelchair for mobility.
-Resident #4 was incontinent of bowel and bladder.

Interview on 2/28/18 at 10:15 am with Resident #4 revealed:
-He had moved to the facility in November 2017.
-He had previously been in a room, shared with a roommate.
-He had been moved from his previous room to a new room with a new roommate approximately 2 weeks prior to 2/28/18.
-He was moved because he complained to facility staff about his previous roommate's behaviors.
-He had asked for his roommateto be removed from his room and the facility due to sexually inappropriate behaviors his roommate was displaying to him, other residents, and staff.
-The Assistant Executive Director (ED) had witnessed his roommate actions in the room, including "being naked and masturbating."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 54 -His roommate had propositioned him and several other residents for sexual activities over the course of several months. -This made the resident feel very uncomfortable, because he was not homosexual, and he had asked his roommate to leave him alone. -He didn't understand why the Assistant ED had done nothing to correct his roommate's behaviors toward him or anyone else. -He felt the Assistant ED favored some residents over others, and his roommate was one of them. Observation on 3/1/18 at 9:10 am of Resident #4 and his previous roommate revealed: -The resident (previous roommate) rolled behind Resident #4 as Resident #4 awaited his medications and said, "I know you like them little boys. You like them boys don't you?" -Resident #4 did not respond to the resident and attempted to maneuver his wheelchair away from the resident. Interview on 3/6/18 at 1:58 pm with the Assistant ED revealed: -Resident #4 came to her and told her he had "made up the whole story about his [previous roommate]." -Resident #4 came to her directly that day, 3/6/18. Interview on 3/6/18 at 2:25 pm with Resident #4 revealed: -He had never told the Assistant ED that he made up his complaints involving his previous roommate. -The Assistant ED was well aware of his roommate's actions as she had walked into the shared room "a few weeks ago" and "saw his roommate acting out herself." -The Assistant ED "was lying" to "cover up what happened."	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 55 Review of an incident report dated 3/5/18 revealed: -The resident "threw food, hit walls, and choked himself" in front of facility staff and residents after arriving back from church. -The Assistant ED had gone to the magistrate's office for an involuntary commitment order and had the resident removed from the facility by law enforcement. Observation on 3/6/18 at 6:12 pm of the resident revealed: -He was maneuvering his wheelchair and saying, "I'm going to my room, you need to come with me." -His speech was slurred. -He replied, "No, I need you to go to my room and [expletive] me." -He then rolled up to another female resident and attempted to touch or grab her as she sat in the hall. -The female resident rolled backward to avoid the resident touching her. -He told the resident, "I'm going to [expletive] you tonight, grandma." -No staff intervened and the residentwent to his room alone. Confidential interview with a resident revealed: -The resident had grabbed her arm. -He had said something inappropriate to her but she did not want to repeat his exact words because they "were nasty" and "made her uncomfortable." -He had said something similar to "I'm going to get you tonight, grandma," but with a vulgar word. -He often harassed her verbally and occasionally grabbed at her. -Staff were aware of his behaviors.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 56 -He had inappropriate behaviors "a lot," with "a lot of residents." 2. Review of Resident #2's FL2 dated 12/07/17 revealed diagnoses included bipolar I, depression, and migraines. Interview with Resident #2 on 02/28/18 at 9:56 am revealed: -She was physically and verbally abused by Staff B (medication aide). -On the night of 02/20/18, Resident #2 and Staff B argued about her taking her medication in front of Staff B. She went into her room with her medication, Staff B followed, grabbed both of her arms and twisted them attempting to get the medication cup from her. -Staff B threatened her and yelled at her. "You're getting out of here". Staff B ran out of the room and said Resdient #2 bit her thumb and twisted her arm. - "I did not bit her, and I only grabbed her arm after she grabbed and twisted my arms". -Staff B called the police on her to have her involuntarily committed. -She reported the incident to the Assistant Executive Director (ED) when she returned to the facility the next day. Telephone interview on 03/05/18 with Staff B at 12:06 pm revealed: -Staff B was the medication aide (MA) that worked 3rd shift. -In February 2018, Resident #2 assaulted Staff B by biting her thumb, grabbing her arms and twisting them. -There were other staff present during the altercation. -She called the Assistant ED and the police to have the resident involuntarily committed.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 57 -She had completed an incident report and was told it was in her personnel record. Confidential interviews with two residents revealed: -One resident saw Staff B put her finger in Resident #2's face very close to the resident's mouth. -Resident #2 and Staff B went to the resident's room. -When Resident #2 came out of her room, the resident showed her red marks on both of her arms where Staff B had grabbed her arms and twisted them. -A second resident did not see the red marks on Resident #2's arms, but Resident #2 told her Staff B had twisted both her arms up and back. -Staff B was a supervisor on the night shift and residents were afraid of her because she spoke to them in a demeaning manner and yelled at them. Confidential interview with two staff revealed: -They had reported concerns regarding Staff B to the Assistant ED, but nothing happened. -Staff B yelled and argued with residents. -They had not observed Staff B hit residents, but they were aware residents did not like the way Staff B treated them by yelling at them and demeaning them. -One resident complained to a staff, a few weeks ago, that Staff B hurt her arm by twisting her arm. -Two staff reported Resident #2 did not bite Staff B and that Staff B did not have any scratches on her arm. Telephone interview on 03/1/18 at 6:40pm with a family member revealed: -She was contacted on the night of the incident in February 2018 by the Assistant ED.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 58	D 338		

-She was told that Resident #2 had bitten and hit Staff B.
-Staff B called the police and had Resident #2 involuntarily committed.
-She was not informed of any allegation regarding Staff B twisting Resident #2's arm.

Interview with the Assistant ED on 3/2/18 at 2:13pm revealed there were no incident reports related to any incidents involving Resident #2.

Observation on 03/05/18 at 10:20 am revealed the Assistant ED gave an incident report prepared by Staff B. There were no reports or documentation of communication with Resident #2 regarding the incident.

Interview on 03/06/18 at 12:38 pm with the Executive Director (ED) revealed:
-Yesterday (03/05/18), staff made her aware of an incident between Resident #2 and Staff B.
-Prior to yesterday, no one had made her aware of any concerns or issues regarding Staff B.
-If the Assistant ED knew about the incident, she did not share it with her.
-She reviewed the camera and did not see anything regarding the incident.
-The Ombudsman had reported to her last week concerns regarding the medication aide on the night shift.
-She had spoke with Staff B and consulted her regarding the tone of her voice when communicating with the residents.
-She wrote something up, but did not give it to Staff B yet.
-She did not report Staff B to the health care personnel registry because the resident had not mentioned it to her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 59 3. Review of Resident #1's current FL2 dated 02/08/18 revealed: -Diagnoses of tracheotomy, muscle weakness and dysphagia. -The resident was capable of providing trachestomy care independently. Review of the emergency medical responder's report dated 02/27/18 at 9:21 pm revealed: -Resident #1 was having "trach issues." -Upon arrival at the facility, they found Resident #1 had a trachestomy. -He was having trachestomy problems. -The resident was coughing a lot and having shortness of breath. Observation on 02/28/18 at 10:28 am of Resident #1 revealed the resident had a trachestomy with velcro band around his neck. Interview on 02/28/18 at 10:30 am with Resident #1 revealed: -He had lived at the facility since 03/23/18. -He went to the hospital in the evening of 02/27/18 after 9:00 pm and returned to the facility at 1:00 am on the morning of 02/28/18. -He went to the hospital because Staff B would not assist him as requested. -Around 8:00 pm he asked Staff B to assist him with changing out his trach. -He was capable of changing the trach, but needed another person to help him wrap the band evenly around the back of his neck while he held the trach in place. -He did not change the trach every day. -This was the first time he needed assistance since he moved into the facility on 02/23/18. -On the evening of 02/27/18, the trach was irritating his wind pipe; it felt as if it was coming out and he was having difficulty swallowing.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 60 -He asked Staff B to help him with his trach. -Staff B told him that she was busy and he had to wait. -He waited an hour and called 911 to go to the hospital to get help with the trach. -When emergency responders arrived at the facility, he told Staff B they were there for him. -She asked him why did he call 911, because she was trained and certified to help him with his trach. -He also heard Staff B tell the emergency responders that there was nothing wrong with him, and she had told him that she was going to help him. -The emergency responders took him to the hospital and the trach was changed at the hospital. Second interview on 03/05/18 at 5:40 pm with Resident #1 revealed: -The facility staff had told him not to talk. -He was afraid of retaliation. -He wanted to tell the truth, which was Staff B was very nasty, rude and "horrible" to the residents. -He did call 911 to go to the hospital because Staff B would not help him. Confidential interview with one resident revealed: -The resident heard Staff B tell emergency responders, "ain't nothing wrong with him. I told him to wait." -She heard Resident #1 tell Staff B that he called 911 because he had asked her to help him with his trach and she waited a long time to provide help. Interview on 03/06/18 at 2:32pm with the Executive Director revealed: -Resident #1 came to her and told her about the	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 61	D 338		

incident with Staff B on 02/27/18.
-The resident was told by other residents to get Staff B in trouble.

4. Review of Resident #11's current FL2 dated 10/27/17 revealed diagnoses included type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), and hyperlipidemia.

Interview on 03/05/18 at 1:30 pm with Resident #11 revealed:
-The medication aide (Staff B) on the night shift held her medications until 5:00 am and reported to the Assistant Executive Director (ED) that she was drunk.
-She did not drink alcohol and had never been drunk.
-She was crying and could not sleep because she needed her medications.
-Two weeks ago, Staff B did not give her medications until 2:00 am.
-Night medications were supposed to be given out at 8:00 pm.
-Sometimes Staff B did not give medications until 10:00 pm or 11:00 pm.
-When other medications aides worked, they always gave medications at 7:00 pm or 8:00 pm.
-Last Tuesday (02/20/18), Staff B would not give her medications, and threatened her saying, "you may be big, but I ain't afraid of you, meet me outside at 8:15 am."
-Staff B also made fun of the way she talked because she did not have teeth and she could not clearly pronounce some words.
-She did not like when Staff B made fun of her speech.

Confidential interview with a resident revealed:
-One night, Resident #11 came to her room at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 62	D 338		

3:00 am stating she could not sleep because Staff B had held her medications.
-She thought that was "crazy" because Resident #11 could not go to sleep without her medications.

Interview on 03/06/18 at 2:15 pm with the local Ombudsman revealed:
-She received a telephone call from a concerned family member regarding an interaction with Staff B.
-She visited the facility on 02/28/18 and identified Resident #11 as the resident that had the interaction with facility staff.
-Resident #11 told the Ombudsman that a medication aide (Staff B) on the night shift had refused to provide night time medications for her and threatened the resident by saying "meet me outside at 8:15 am."
-The resident informed her that Staff B had not only threatened to fight her but also was very rude and sarcastic.
-The residents stated when residents came to the medication cart to obtain medications, Staff B told residents "Get away from my cart, get away."
-A second resident revealed to the Ombudsman the same medication aide (Staff B) yelled at residents loudly in the morning, so that her voice could be heard across the building.
-On 02/28/18, two other residents revealed to the Ombudsman that Staff B was rude, sarcastic and "nasty" to residents.
-The Ombudsman met with the ED to inform her of the concerns and reported information obtained from the residents regarding Staff B.
-The ED stated to the Ombudsman that she had not previously received any concerns about Staff B, but she would follow-up on the concerns.

Confidential interviews with 12 residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 63	D 338		

revealed:
-Staff B and a few other staff were rude and made residents feel like children.
-Staff B treated residents "demeaning, which had a psychological effect negatively" on them.
-Staff at the facility did not know how to handle health care needs of the residents; their only recourse was to call 911.
-The main staff that was rude and talked hateful to the residents was Staff B, the night shift supervisor.
-Staff B always played her music loud while passing medications.
-If residents came to the medication cart to ask for something, she yelled at them to get way from her cart.
-Four different residents revealed Staff B sometimes woke up residents between 5:00 am and 5:30 am to administer medications.
-Staff B told residents she had another job to go to and had to leave right at 7:00 am.
-Staff B was sarcastic, demeaning, rude, and hateful to residents.
-The ED was rarely in the building.
-She visited 1-2 times per week.
-The Administrator was in the facility once a week.
-The Assistant ED was in the facility almost daily, and worked varied shifts.
-Four residents stated they previously reported concerns to the Assistant ED, which sometimes helped, but most of the time, she did nothing so they stop reporting concerns.
-Residents stated if there was a problem they did not know who to report concerns to.

Observation on 03/06/18 at 6:50 am of a medication aide (Staff B) on the night shift revealed:
-There was music loudly playing that could be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 64 heard before entering the hallway. -It was determined the loud music was coming from Staff B's phone. -Staff B was working at the medication cart administering medications to residents on the 200 hallway. Interview on 03/06/18 at 12:38 pm with the ED revealed: -It was the facility's policy that staff could not play music when administering medications because anything could happen. -Prior this conversation she had not heard that Staff B was playing music when administering medications. -Prior to yesterday, no one had made her aware of any concerns or issues regarding Staff B. The facility failed to assure residents were protected from one resident, who had a history of inappropriate sexual behaviors and inappropriate language, and was well known by staff and documented by the physician to have a history of sexual advances toward other residents, and was assigned to a room with another resident, who was aphasic and unable to verbalize his needs and concerns; and from a medication aide (Staff B), who twisted a resident's arms, yelled and spoke to residents in a demeaning manner, and failed to assist a resident with trach care. The facility's failure resulted in serious abuse and neglect which constitutes a Type A1 Violation. The facility provided the following Plan of Protection on 03/06/18: -Immediately, disciplinary action will be taken regarding the staff in question. -Submission of a report will be made to the health care personnel registry regarding the staff in question.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 65 -An in-service will be held to address residents rights, and monitoring will occur monthly. -Policy and procedures will be put in place to monitor and supervise staff job performance monthly. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED APRIL 6, 2018.	D 338		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by a licensed practicing practitioner for 5 of 8 sampled residents (Residents #4, #5, #6, #8 and #10) with physician's orders for lisinopril (#4) Percocet and Advair (#5), Pataday opthalmic drops and hydrocodone/acetaminophen (#6), hyrocodone/acetaminophen (#8) and with omissions in administration of digoxin, flomax, ranitidine, aspirin, and multivitamin (#10).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 66 The findings are: 1. Review of Resident #10's current FL2 dated 1/23/18 revealed diagnoses included unspecified atrial fibrillation, stage 3 chronic kidney disease, essential hypertension, muscle weakness, hyponatremia, hypokalemia, and severe protein-calorie malnutrition. Review of Resident #10's Resident Register revealed he was admitted to the facility on 1/23/18 from a skilled nursing facility. a. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for digoxin 125mcg, give one tablet once a day (used to treat atrial fibrillation.) Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for Digoxin 125 mcg daily scheduled for administration at 8:00 am. -Digoxin was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Review of Resident #10's February 2018 MAR revealed: -There was an entry for digoxin 125 mcg daily scheduled for administration at 8:00 am. -Digoxin was documented as administered from 2/1/18 through 2/22/18. -Digoxin was circled as not administered on 2/23/18 and 2/24/18. -Digoxin was documented as administered on 2/25/18 through 2/28/18. Observation of the medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 67 -The MA did not administer the digoxin scheduled for 8:00 am. -The MA did not initial the MAR for the digoxin. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy. Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no digoxin 0.125mg available for administration. Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed: -The pharmacy could not find a record of a refill request from the facility for Resident #10's digoxin. -The pharmacy had not received new prescriptions or authorization of refills for Resident #10's digoxin as of 3/1/18. Interview on 3/1/18 at 2:25 pm with the MA revealed: -A refill request sheet for multiple residents dated 2/27/18 that included Resident #10 had been located in the medication room and a copy had been made. -Another, handwritten refill request sheet for multiple residents, listing Resident #10's digoxin was located, but there was no date or time listed on the sheet. It was also not marked as faxed or signed by a MA. -Her initials were present on the MAR for 2/27/18 for the administration of digoxin at 8:00 am, but she did not initial the MAR that day. -She did not know who had signed her initials but it was not her handwriting for entries at 8:00 am on 2/27/18 for the digoxin.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 68 -Those medications were not available on 2/27/18 because the medications had run out. Interview on 3/1/18 at 2:28 pm with a second MA revealed: -He had circled his initials on 2/23/18 and 2/24/18 for the scheduled 8:00 am digoxin because Resident #10 was out of the medication and he could not locate any in overstock or the medication room. -He did not give the digoxin on 2/23/18 or 2/24/18. -The medication had come in "sometime" and was available to be given on 2/25/18 through 2/28/18. -He had given the medication on 2/25/18 and 2/28/18 and initialed the MAR as administered for the digoxin and all other 8:00 am medications that day. Interview on 3/2/18 at 9:20 am with Resident #10's primary care provider (PCP) revealed: -Resident #10 was a new resident that he had not seen previously. -"No patient should run out of medicine." -He was not aware until 3/1/18 that Resident #10 was out of medication and needed refills authorized. -He usually sent prescriptions electronically to the pharmacy. -He would review any pharmacy refill request reminders when he came to the facility to examine residents on Thursdays and approve them or make changes. -Possible side effects of being out of digoxin were shortness of breath, irregular heartbeat, and other cardiac issues. -Digoxin was a medication that had to be closely monitored for therapeutic dosage, and should be taken as scheduled to maintain therapeutic	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 69	D 358		

effects.
-Resident #10 took digoxin to help control his irregular heartbeat caused by chronic atrial fibrillation.
-He had seen Resident #10 in the facility 3/2/18 and found no adverse effects from missing medications.

Interview on 3/6/18 at 5:00 pm with the Assistant Executive Director (ED) revealed:
-She had located a bubble pack of digoxin prescribed to Resident #10 in the medication room.
-"Resident #10 was not out of his digoxin after all."

Observation on 3/6/18 at 5:05 pm of the found bubble card of digoxin 0.125 mg revealed:
-It had been filled on 1/23/18.
-It had no refills listed.
-It was filled for 30 tablets.
-There were 26 tablets left in the bubble pack.

Observation on 3/6/18 at 5:07 pm of the medication cart revealed digoxin had been filled for 18 tablets on 3/1/18, and there were 13 tablets remaining.

Refer to interview on 03/06/18 at 6:20 pm with the Administrator.

b. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for tamsulosin Hcl (Flomax) 0.4mg give one capsule once a day (used to treat enlarged prostate).

Review of Resident #10's January 2018 medication administration record (MAR) revealed:
-There was an entry for tamsulosin 0.4mg and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 70	D 358		

scheduled for administration at 8:00am.
-Tamsulosin 0.4 mg was documented as administered at 8:00 am from 1/23/18 through 1/31/18.

Observation of the medication aide administering medicatoins to Resident #10 on 3/1/18 at 9:00 am revealed:
-The MA did not administer the tamsulosin scheduled for 8:00 am.
-The MA did not initial the MAR for the tamsulosin.
-Resident #10 asked the MA when his missing medicines would be refilled.
-The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy.

Review of Resident #10's February 2018 MAR revealed:
-There was an entry for tamsulosin 0.4mg scheduled for administration at 8:00am.
-Tamsulosin 0.4 mg was documented as administered at 8:00 am from 2/1/18 through 2/28/18.

Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no tamsulosin available for administration.

Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed:
-The tamsulosin had last been filled and delivered by the pharmacy on 1/23/18.
-The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility.
-The resident would have run out of these medications on 2/23/18.
-The pharmacy had sent a refill request reminder

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 71	D 358		

for the medications on 2/24/18, which was a Saturday, to the facility for the facility's contracted provider to approve, sign and return to the pharmacy to be filled.
-The pharmacy routinely sent refill request reminders to the facility by fax on Wednesday nights, and by courier on Thursday mornings when they delivered medications to the facility.
-The pharmacy sent the requests weekly on Wednesday and Thursday because Thursday was the day the provider was usually scheduled to be on site examining residents and reviewing medical records.
-The pharmacy had sent another refill request reminder for Resident #10's medications on 2/28/18, which was a Wednesday, along with all other residents needing refills authorized.
-If a medication had a refill available, the facility would fax a refill request to the pharmacy, which was received electronically into a folder labeled "incoming documents."
-The pharmacy would then print the request, fill the medication, and scan the request and the prescription fill information into the resident's profile.
-The pharmacy had a refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for aspirin.
-The pharmacy had not received new prescriptions or authorization of refills for Resident #10's tamsulosin as of 3/1/18.

Interview on 3/1/18 at 2:25 pm with the MA revealed:
-A refill request sheet for multiple residents dated 2/27/18 that included Resident #10 requesting refills for tamsulosin had been located in the medication room and a copy had been made.
-The MAs would fill out a refill request sheet requesting medications for any residents that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 72	D 358		

needed a refill and send it by fax to the pharmacy.
-Medications were usually requested five days before the resident's medications ran out.
-The pharmacy would dispense the medication and send it to the facility by courier.
-She thought the resident had only been out of his medications "for a day or two."

Interview on 3/2/18 at 9:20 am with Resident #10's primary care provider (PCP) revealed:
-Resident #10 was a new resident that he had not seen previously.
-"No patient should run out of medicine."
-He did not know until 3/1/18 that Resident #10 was out of medication and needed refills authorized.
-He usually sent prescriptions electronically to the pharmacy.
-He would review any pharmacy refill request reminders when he came to the facility to examine residents on Thursdays and approve them or make changes.
-He had seen Resident #10 in the facility 3/2/18 and found no adverse effects from missing medications.

Observation on 3/6/18 at 5:07 pm of the medication cart revealed tamsulosin was available for administration.

Refer to interview on 03/06/18 at 6:20 pm with the Administrator.

c. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for multivitamin adult tablet give one tablet once a day (used to treat severe malnutrition.)

Review of Resident #10's January 2018 medication administration record (MAR) revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 73 -There was an entry for multivitamin scheduled for administration at 8:00am. -The multivitamin was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Review of Resident #10's February 2018 MAR revealed: -There was an entry for multivitamin scheduled for administration at 8:00am. -The multivitamin was documented as administered at 8:00 am from 2/1/18 through 2/28/18. Observation of the medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed: -The MA did not administer the multivitamin scheduled for 8:00 am. -The MA did not initial the MAR for the multivitamin. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy. Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no multivitamin available for administration. Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed: -The multivitamin had last been filled and delivered by the pharmacy on 1/23/18. -The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility. -The resident would have run out of these medications on 2/23/18.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 74 -The pharmacy had sent a refill request reminder for the medications on 2/24/18, which was a Saturday, to the facility for the facility's contracted provider to approve, sign and return to the pharmacy to be filled. -The pharmacy routinely sent refill request reminders to the facility by fax on Wednesday nights, and by courier on Thursday mornings when they delivered medications to the facility. -The pharmacy sent the requests weekly on Wednesday and Thursday because Thursday was the day the provider was usually scheduled to be on site examining residents and reviewing medical records. -The pharmacy had sent another refill request reminder for Resident #10's medications on 2/28/18, which was a Wednesday, along with all other residents needing refills authorized. -If a medication had a refill available, the facility would fax a refill request to the pharmacy, which was received electronically into a folder labeled "incoming documents." -The pharmacy would then print the request, fill the medication, and scan the request and the prescription fill information into the resident's profile. -The pharmacy had a refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for aspirin. -The pharmacy had not received new prescriptions or authorization of refills for Resident #10's multivitamin as of 3/1/18. Interview on 3/1/18 at 2:25 pm with the MA revealed: -A refill request sheet for multiple residents dated 2/27/18 that included Resident #10 requesting refills for multivitamin had been located in the medication room and a copy had been made. -The MAs would fill out a refill request sheet	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 75	D 358		

requesting medications for any residents that needed a refill and send it by fax to the pharmacy.
-Medications were usually requested five days before the resident's medications ran out.
-The pharmacy would dispense the medication and send it to the facility by courier.
-She thought the resident had only been out of his medications "for a day or two."

Interview on 3/2/18 at 9:20 am with Resident #10's primary care provider (PCP) revealed:
-Resident #10 was a new resident that he had not seen previously.
-"No patient should run out of medicine."
-He did not know until 3/1/18 that Resident #10 was out of medication and needed refills authorized.
-He usually sent prescriptions electronically to the pharmacy.
-He would review any pharmacy refill request reminders when he came to the facility to examine residents on Thursdays and approve them or make changes.
-He had seen Resident #10 in the facility 3/2/18 and found no adverse effects from missing medications.

Observation on 3/6/18 at 5:07 pm of the medication cart revealed multivitamin was available for administration.

Refer to interview on 03/06/18 at 6:20 pm with the Administrator.

d. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for zantac (ranitidine Hcl) 150 mg, give once a day (used to treat gastro-esophageal reflux disease.)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 76	D 358		

Review of Resident #10's January 2018 medication administration record (MAR) revealed:
-There was an entry for zantac 150mg scheduled for administration at 8:00am.
-Zantac 150mg was documented as administered at 8:00 am from 1/23/18 through 1/31/18.

Review of Resident #10's February 2018 MAR revealed:
-There was an entry for zantac 150mg scheduled for administration at 8:00am.
-Zantac 150 mg was documented as administered at 8:00 am from 2/1/18 through 2/28/18.

Observation of the medication aide administering medications of Resident #10 on 3/1/18 at 9:00 am revealed:
-The MA did not administer the zantac scheduled for 8:00 am.
-The MA did not initial the MAR for the zantac.
-Resident #10 asked the MA when his missing medicines would be refilled.
-The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy.

Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed:
-The zantac had last been filled and delivered by the pharmacy on 1/23/18.
-The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility.
-The resident would have run out of these medications on 2/23/18.
-The pharmacy had sent a refill request reminder for the medications on 2/24/18, which was a Saturday, to the facility for the facility's contracted provider to approve, sign and return to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 77	D 358		

pharmacy to be filled.
-The pharmacy routinely sent refill request reminders to the facility by fax on Wednesday nights, and by courier on Thursday mornings when they delivered medications to the facility.
-The pharmacy sent the requests weekly on Wednesday and Thursday because Thursday was the day the provider was usually scheduled to be on site examining residents and reviewing medical records.
-The pharmacy had sent another refill request reminder for Resident #10's medications on 2/28/18, which was a Wednesday, along with all other residents needing refills authorized.
-If a medication had a refill available, the facility would fax a refill request to the pharmacy, which was received electronically into a folder labeled "incoming documents."
-The pharmacy would then print the request, fill the medication, and scan the request and the prescription fill information into the resident's profile.
-The pharmacy had a refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for aspirin.
-The pharmacy had not received new prescriptions or authorization of refills for Resident #10's zantac as of 3/1/18.

Interview on 3/1/18 at 2:25 pm with the MA revealed:
-A refill request sheet for multiple residents dated 2/27/18 that included Resident #10 requesting refills for zantac had been located in the medication room and a copy had been made.
-The MAs would fill out a refill request sheet requesting medications for any residents that needed a refill and send it by fax to the pharmacy.
-Medications were usually requested five days before the resident's medications ran out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 78 -The pharmacy would dispense the medication and send it to the facility by courier. -She thought the resident had only been out of his medications "for a day or two." Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no zantac available for administration. Interview on 3/2/18 at 9:20 am with Resident #10's primary care provider (PCP) revealed: -Resident #10 was a new resident that he had not seen previously. -"No patient should run out of medicine." -He did not know until 3/1/18 that Resident #10 was out of medication and needed refills authorized. -He usually sent prescriptions electronically to the pharmacy. -He would review any pharmacy refill request reminders when he came to the facility to examine residents on Thursdays and approve them or make changes. -He had seen Resident #10 in the facility 3/2/18 and found no adverse effects from missing medications. e. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for aspirin 81 mg, give once a day (used to prevent heart attack.) Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for aspirin 81mg scheduled for administration at 8:00am. -Aspirin 81mg was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Review of Resident #10's February 2018 MAR	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 79	D 358		

revealed:
-There was an entry for aspirin 81mg scheduled for administration at 8:00am.
-Aspirin 81 mg was documented as administered at 8 am from 2/1/18 through 2/28/18.

Observation of the medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed:
-The MA did not administer the aspirin scheduled for 8:00 am.
-The MA did not initial the MAR for the aspirin.
-Resident #10 asked the MA when his missing medicines would be refilled.
-The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy.

Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no aspirin 81 mg available for administration.

Interview on 3/1/18 at 9:04 am with Resident #10 revealed:
-He had been out of several of his medications for "a few days."
-He was not sure which medications he did not have or what they were for.
-Facility staff had told him they ordered refills for his unavailable medications two days ago and were waiting on the pharmacy to deliver them.

Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed:
-The aspirin had last been filled and delivered by the pharmacy on 1/23/18.
-The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility.
-The resident would have run out of these

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 80	D 358		

medications on 2/23/18.
-The pharmacy had sent a refill request reminder for the medications on 2/24/18, which was a Saturday, to the facility for the facility's contracted provider to approve, sign and return to the pharmacy to be filled.
-The pharmacy routinely sent refill request reminders to the facility by fax on Wednesday nights, and by courier on Thursday mornings when they delivered medications to the facility.
-The pharmacy sent the requests weekly on Wednesday and Thursday because Thursday was the day the provider was usually scheduled to be on site examining residents and reviewing medical records.
-The pharmacy had sent another refill request reminder for Resident #10's medications on 2/28/18, which was a Wednesday, along with all other residents needing refills authorized.
-If a medication had a refill available, the facility would fax a refill request to the pharmacy, which was received electronically into a folder labeled "incoming documents."
-The pharmacy would then print the request, fill the medication, and scan the request and the prescription fill information into the resident's profile.
-The pharmacy had a refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for aspirin.
-The pharmacy had not received new prescriptions or authorization of refills for Resident #10's aspirin as of 3/1/18.

Interview on 3/1/18 at 2:25 pm with the MA revealed:
-A refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for his aspirin had been located in the medication room and a copy had been made.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 81 -Another, handwritten refill request sheet for multiple residents, listing Resident #10's aspirin, was located, but there was no date or time listed on the sheet. It was also not marked as faxed or signed by a MA. -The MAs would fill out a refill request sheet requesting medications for any residents that needed a refill and send it by fax to the pharmacy. -Medications were usually requested five days before the resident's medications ran out. -The pharmacy would dispense the medication and send it to the facility by courier. -She thought the resident had only been out of his medications "for a day or two." Interview on 3/2/18 at 9:20 am with Resident #10's primary care provider (PCP) revealed: -Resident #10 was a new resident that he had not seen previously. -"No patient should run out of medicine." -He was not aware until 3/1/18 that Resident #10 was out of medication and needed refills authorized. -He usually sent prescriptions electronically to the pharmacy. -He would review any pharmacy refill request reminders when he came to the facility to examine residents on Thursdays and approve them or make changes. -He had seen Resident #10 in the facility 3/2/18 and found no adverse effects from missing medications. Observation on 3/6/18 at 5:07 pm of the medication cart revealed aspirin was available for administration. Refer to interview on 03/06/18 at 6:20 pm with the Administrator.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 82 2. Review of Resident #4's current FL2 dated 11/13/2017 revealed: -Diagnoses included diabetes mellitus type 2, hypertension, malnutrition, depressive disorder, and he was a bilateral lower extremity amputee. -Resident #4 was non-ambulatory and relied on a wheelchair for mobility. -Resident #4 was incontinent of bowel and bladder. Review of Resident #4's Resident Register revealed he was admitted to the facility on 11/14/17. Review of Resident #4's provider's orders dated 1/26/18 revealed an order for Lisinopril 5 mg (used to treat hypertension) 1 tablet daily. Review of Resident #4's medication administration record (MAR) for January 2018 revealed there was no entry for Lisinopril 5 mg entered on the MAR. Review of Resident #4's MAR for February 2018 revealed there was no entry for Lisinopril 5 mg entered on the MAR. Review of Resident #4's March 2018 MAR revealed: -An entry for lisinopril 5 mg tablets, once daily, was handwritten on the MAR. -The lisinopril was documented as administered on 3/3/18, 3/4/18 and 3/5/18. Interview on 3/1/18 at 10:30 am with Resident #4 revealed: -He had moved to this facility on 11/14/17. -He had hypertension and heart problems. -He took several different medications for hypertension.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 83 -He did not know the names of all his medications, what they looked like, how many there were, or what they were used for specifically. -His provider should be able to answer any questions regarding medications because "he had seen him for awhile." Interview on 3/2/18 at 12:30 pm with the facility's contracted pharmacy revealed: -They did not have an order on file for Lisinopril 5 mg for Resident #4, and it was not present on his profile in their computer system. -They received orders electronically usually from the provider, but also received medication lists or visit notes by fax from the facility. -They did not know why the Lisinopril order had not been received. -The Lisinopril was not on the MAR because they were not aware of the order. -They would contact the provider to clarify the order. Interview on 3/2/18 at 3:29 pm with Resident #4's primary care provider revealed: -He placed all his diabetic "patients" on a medication like Lisinopril for kidney protection, so he expected Resident #4 to also receive the medication. -He did not realize Lisinopril was not on the MAR and not being given to Resident #4. -He did not know why the order was not received by the pharmacy. -He would follow up with the pharmacy that day to correct the medication omission. Interview on 3/2/18 at 4:30 pm with the Assistant Executive Director (AED) revealed: -The primary care providers contracted with the facility usually sent all prescriptions electronically	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 84	D 358		

to the pharmacy to be filled.
-They would send by fax verbal or telephone orders to the pharmacy and then place them in the files to be signed by the provider.
-The facility received a copy of the visit summary for the resident's record when seen by the provider, but they did not routinely reconcile the medications listed on the visit summary with the MAR because the medications on the visit summary were sent to the pharmacy electronically and should match.
-She was not sure why Resident #4's Lisinopril was not on the MAR or on file at the pharmacy.

Review of the medications on hand for Resident #4 on 3/5/18 revealed:
-There was a bubble card of Lisinopril dispensed on 3/3/18 for a quantity of 45 tablets.
-There were 42 tablets remaining in the bubble card.

Refer to interview on 03/06/18 at 6:20 pm with the Administrator.

3. Review of Resident #5's current FL2 dated 08/22/17 revealed:
-Diagnoses included diabetes mellitus type 2, hepatitis C, osteoarthritis, chronic obstructive pulmonary disease, coronary artery disease, pacemaker, sick sinus syndrome, asthma, schizoaffective disorder.
-There was a physician's order for Percocet 5-325mg (used to treat moderate to severe pain) four times daily.

a. Review of Resident #5's physician orders revealed:
-There was a physician's order dated 11/30/17 for Percocet 5-325mg three times daily.
-There was a hospital discharge summary report

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 85 dated 02/07/18 with an order for Percocet 5-325mg three times daily. Review of Resident #5's February 2018 Medication Administration Records (MARs) revealed: -There was an entry for Percocet 5-325mg on the MAR and scheduled for administration three times daily at 8:00 am, 2:00 pm and 8:00 pm. -Percocet 5-325mg was documented as administered three times daily at 8:00 am, 2:00 pm, and 8:00 pm from 02/01/18 through 02/28/18. Observation on 03/05/18 at 4:10 pm of Resident #5's medications on hand at the facility revealed: -Percocet 5-325mg was available for administration. -There were two bubble packaged cards of Percocet 5-325mg. -According to the pharmacy printed label the medication was filled and dispensed on 02/22/18 for 90 tablets. -There was a total of 53 Percocet tablets remaining; 30 tablets in one bubble card and 23 tablets in a second bubble card. Interview on 03/05/18 at 4:15 pm with the day shift medication aide (MA) revealed: -Resident #5 was out of Percocet from 02/05/18 to 02/22/18. -Staff should not have documented the medication was administered. -She was told they were waiting on the physician to write an order to refill the medication. -If the resident complained of pain, she had Tylenol 325mg as needed for pain. Interview on 03/05/18 at 1:08 pm with Resident #5 revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 86 -She was ordered Percocet three times a day because she was continually in pain. -She had fractured her ankle in five places and needed surgery. -Because she needed surgery, she was in constant pain. -She also had arthritis in both her knees, which caused her a lot of pain. -She went to the hospital on 02/05/18 and returned to the facility on 02/07/18. -When she returned back to the facility, staff told her three times a day that she was out of Percocet. -She did not get Percocet for two and a half weeks. -She told the Assistant Executive Director and the medication aide/Supervisor that she was in pain. -The pain was bad and unbearable, "I was crying," saying, "y'all got to do something." -She was not given anything for pain. -She asked one of the MAs on the night shift for the pain medication and was told the medication was not available. Interview on 03/02/18 at 3:21 pm with the Assistant Executive Director revealed: -She did remember Resident #5 telling her she was in pain. -Resident #5 was out of Percocet because they were waiting on prior authorization to get the medication. -She was unable to provide documentation of the need for the prior authorization. -She did not notify the physician regarding Resident #5's complaint about pain because she did not know about the pain. Interview on 03/05/18 at 12:13 pm with the contracted pharmacy revealed: -Resident #5's Percocet 5-325mg was dispensed	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 87 as follows: -Percocet was filled on 11/30/17, and 90 tablets were dispensed. -The medication should have lasted until 12/30/17. -Percocet was filled on 01/04/18, and 90 tablets were dispensed. -The medication would have run out on or close to 02/04/18. -No Percocet was dispensed between 02/04/18 through 02/21/18. -The pharmacy records did not show the pharmacy was waiting on prior authorization to fill the medication. -The pharmacy needed an order from the physician. -The pharmacy received an order dated 2/22/18 for Percocet 5-325mg three times daily. -The medication was filled on 2/22/18 and 90 tablets were dispensed. -Percocet was a controlled medication and due to the new laws, a resident had to express pain before a new prescription was given. -Once the resident complained of pain, the facility needed to contact the physician for a new order. -The physician wrote a new prescription and the facility faxed a copy to the pharmacy. -The pharmacy driver visited the facility every night to pick-up and deliver medications. -During the visit to the facility the hard prescription was sent with the driver. Interview on 03/02/18 at 9:10 am with the Nurse practitioner (NP) at Resident #5's physician's office revealed: -No resident should run out of a medication. -The facility staff should have a system so medications did not run out. -No one at the facility had contacted him to inform Resident #5 was in pain or out of Percocet.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 88 -The facility staff had phone numbers and they could have left a message for him. Interview on 03/05/18 at 12:01 pm with a second NP at Resident #5's physician's office revealed: -She did not know Resident #5 was without Percocet from 02/07/18 through 02/22/18. -No one at the facility had informed prior authorization was needed before the resident could get the pain medication. -No one at the facility contacted her or the office to inform the medication was out or that the resident was in pain. -She was in the facility on 02/08/18 and could have given an order for the medication to be refilled. Refer to interview on 03/06/18 at 6:20 pm with the Administrator. b. Review of Resident #5's current FL2 dated 08/22/17 revealed: -There was a physician's order for Advair diskus 250/50 (used to treat chronic obstructive pulmonary disease) one puff twice daily. Review of Resident #5's record revealed a hospital discharge summary report dated 02/07/18 with a physician's order for Advair diskus 250/50 one puff twice daily. Review of Resident #5's March 2018 MARs revealed: -There was an entry for Advair diskus 250/50 one puff scheduled for administration twice daily at 8:00 am and 8:00 pm. -The medication was documented administered 03/01/18 through 03/03/18, 2018 at 8:00 am. -On 03/04/18 and 03/05/18 at 8:00 am staff circled their initials, but provided no	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 89	D 358		

documentation as to why the medication was not administered.
-The medication was documented administered 03/01/18 through 03/05/18 at 8:00 pm.

Observation on 03/05/18 at 4:10 pm of Resident #5's medications on hand at the facility revealed Advair diskus 250/50 was not available for administration.

Interview on 03/05/18 at 4:15 pm with the day shift medication aide (MA) revealed:
-Resident #5 had orders for several inhalers.
-She was able to locate the Spirvia (used for asthma/shortness of breath) once daily and Proventil as needed for shortness of breath.
-She did not find the Advair diskus 250/50.
-She knew what the medication looked like because it was "purple" on the top.
-She did not see the Advair on the medication cart, so it must be out.
-She was not sure when the medication ran out, she knew the medication was not available in the facility for the past two days.
-It was the facility's policy to reorder medications several days before the medication was out.
-There was no system for checking medications on hand to ensure they were reordered prior to running out.
-The MA on duty that administered the last dosage of the medication was supposed to contact the pharmacy to reorder the medication.
-The pharmacy delivered to the facility daily, and there was also a backup pharmacy to use when the contracted pharmacy was closed.

Interview on 03/05/18 at 1:08 pm with Resident #5 revealed:
-She had COPD, asthma, and heart problems.
-She chronically had breathing problems and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 90	D 358		

often was short of breath.
-She had several inhalers, one she got every day and one as needed.
-Sometimes she got an inhaler at night before bed.
-She was not sure if the medication was out.

Interview on 03/05/18 at 12:01 pm with a second NP at Resident #5's physician's office revealed:
-She did not know Resident #5 was without Advair inhaler.
-If an order was needed the facility staff should have called.

Interview on 03/05/18 at 12:15 pm with the contracted pharmacy revealed:
-Advair was last filled and dispensed on 02/13/18.
-The medication should have lasted 25-30 days.
-The medication was not on an automatic refill cycle.
-The facility needed to call to request a refill of the medication.

Refer to interview on 03/06/18 at 6:20 pm with the Administrator.

4. Review of Resident #8's current FL2 dated 04/01/17 revealed diagnoses included hypertension, dementia, anxiety, chronic pain, insomnia, and difficulty walking.

Review of Resident #8's physician's orders dated 12/22/17 revealed an order for hydrocodone 7.5mg/acetaminophen 325mg (a narcotic pain reliever used to treat moderate to severe pain) take every four hours as needed (prn) for pain. (Medications administered "prn" should have documentation for the time and by whom it was administered, the reason for administration, and effectiveness of the medication.)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 91 Observation on 03/02/18 at 10:57am of Resident #8's medication on hand revealed 35 hydrocodone 7.5mg/acetaminophen 325mg tablets available. Telephone interview on 03/06/17 at 5:30pm with the backup pharmacy revealed Resident #8 had an order for hydrocodone 7.5mg/acetaminophen 325mg every four hours as needed, and it was dispensed for a quantity of 30 tablets on 12/26/17. Review of Resident #8's December 2017 and January 2018 Medication Administration Record (MAR) revealed; -There was an entry for hydrocodone 7.5mg/acetaminophen 325 mg take 1 tablet every four hours as needed (prn). -Hydrocodone was documented as administered on 24 occasions from 12/23/17-01/04/18. Review of Resident #8's Controlled Substance Count Sheet (CSCS) revealed there was no sheet for hydrocodone 7.5mg/acetaminophen 325mg for a quantity of 30 tablets dispensed on 12/26/17. (The December 2017 CSCS for Resident #8 was requested on 03/02/18 at 11:27am, 03/04/18 at 09:06am, and 03/05/18 at 10:20am, and 03/06/18 at 5:09pm but staff were unable to locate it.) Interview on 03/6/18 at 5:09 pm with the Assistant Executive Director (ED) revealed she was not able to locate a December 2017 CSCS for Resident #8. Interview with Resident #8 on 03/02/2018 at 9:46am revealed: -He took hydrocodone (as needed) for pain.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 92	D 358		

-He sometimes did not get his medicine when he asked for it.
-His pain was not controlled.
-He thought the hydrocodone helped when he took it.
-The facility staff sometimes ran out of his hydrocodone and he would not have anything to take for pain.

Based on interviews and review of Resident #8's record, it could not be determined if Resident #8 received hydocodone 7.5/acetaminophen 325mg as ordered on 12/22/17.

Refer to interview on 03/06/18 at 6:20 pm with the Administrator.

5. Review of Resident #6's current FL2 dated 10/26/17 revealed diagnoses included hypertension, hypothyroidism, arthritis, and fibromyalgia.

a. Review of Resident #6's physician's order dated 11/24/17 revealed an order for Pataday 0.2% ophthalmic drops, instill one drop in each eye daily (used to treat allergy symptoms like itching, red eyes).

Review of Resident #6's prior authorization form revealed prior authorization was requested from the physician for Resident #6's insurance company to pay for the Pataday. There was no documentation the form was completed by the physician.

Review of Resident #6's February and March 2018 Medication Administration Records (MARs) revealed:
-There was an entry for Pataday 0.2% eye drops one drop in both eyes on the MARs and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 93	D 358		

scheduled for administration at 8:00 am daily.
-Pataday 0.2% eye drops were documented as administered daily from 02/01/18 to 03/05/18.

Observation of Resident #6's medication on hand on 03/06/18 at 4:45 pm revealed no Pataday 0.2% ophthalmic drops
was available for administration.

Observation on 03/06/18 at 2:10 pm of Resident #6 revealed her eyes appeared red and irritated.

Interview on 03/06/18 at 2:10 pm with Resident #6 revealed:
-She used the Pataday eye drops in the past for her allergic, red eyes.
-She had not had any Pataday eye drops for administration for a long time.
-He family member refused to pay for the medication since her insurance had declined to pay for the medication.

Telephone interview on 03/06/18 at 5:19 pm with a representative from the contracted pharmacy revealed:
-The pharmacy had a prescription dated 09/24/17 on file at the pharmacy that had not been filled due to not being covered by the resident's insurance.
-The pharmacy had not dispensed any Pataday 0.2% eye drops for Resident #6 in February 2018 or March 2018.
-The pharmacy did not have an order to discontinue Pataday 0.2% eye drops for Resident #6, therefore the eye drops still appeared on the MARs for administration.

Interview on 03/06/18 at 6:11 pm with the Assistant Executive Director revealed:
-She did not know Pataday 0.2% eye drops were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 94	D 358		

still on Resident #6's MAR for administration.
-Resident #6's Pataday eye drops were not covered by her insurance and her family member was notified.
-Resident #6's family member told the Assistant Executive Director that he would obtain the eye drops but he had not brought the eye drops to the facility.
-She thought Pataday 0.2% eye drops were discontinued for Resident #6, but she could not find an order to discontinue the eye drops.

Interview on 03/06/18 at 6:20 pm with the Administrator revealed:
-Staff should only document administration of medications after the medication was actually administered.
-She did not know Resident #6 did not have Pataday drops for administration.
-The Executive Director and the Assistant Executive Director were responsible to assure medications were administered as ordered.
-She had not called Resident #6's physician regarding discontinuing or changing the eye drops.

Telephone interview on 03/06/18 at 6:27 pm with Resident #6's Power of Attorney (POA) revealed:
-He knew Resident #6's insurance would not pay for Pataday eye drops.
-He had not spoken with Resident #6's primary care provider regarding a substitute for the eye drops.
-He had been notified by the facility that Resident #6's Pataday eye drops were not covered by insurance.
-He had not purchased the Pataday drops for Resident #6 because of the expense.

Refer to interview on 03/06/18 at 6:20 pm with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 95 Administrator. b. Review of Resident #6's physician's orders dated 12/22/17 revealed an order for hydrocodone 5mg/acetaminophen 325 mg (narcotic pain reliever used to treat moderate to severe pain) take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm. Review of Resident #6's January 2018 Medication Administration Record (MAR) revealed an entry for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet in the morning (scheduled at 8:00 am) and one tablet every day as needed after 2:00 pm scheduled as needed (prn). Review of Resident #6's Controlled Substance Count Sheet (CSCS) for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm for a quantity of 60 dispensed on 12/22/17 revealed administration was documented at 8:00 am daily from 12/22/17 to 01/21/18, and after 2:00 pm daily from 12/21/17 to 01/21/18 except on 12/25/17, 01/02/18, and 01/21/18. Review of Resident #6's December 2017 and January 2018 MARs for hydrocodone 5mg/acetaminophen 325 mg dispensed on 12/22/17 revealed administration was documented at 8:00 am daily from 12/22/17 to 01/24/18, and as needed after 2:00 pm daily on 15 occasions. Review of Resident #6's record revealed Resident #6 did not have hydrocodone 5mg/acetaminophen 325 mg for 3 days from	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 96 01/21/18 to 01/25/18 available for administration. Review of Resident #6's physician's orders dated 01/24/18 revealed a subsequent order for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm. Review of Resident #6's CSCS for hydrocodone 5mg/acetaminophen 325 mg, take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm, dispensed on 01/24/18 for a quantity of 60 tablets, and January 2018 and February 2018 MARs revealed administration was documented from 01/25/18 to 02/23/18. Review of Resident #6's physician's orders dated 02/24/18 revealed an order for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet every day. (The previous physician's orders dated 01/24/18 was for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet by mouth every day at 8:00 am and one tablet every day as needed after 2:00 pm). Continued review of Resident #6's February 2018 MAR revealed: -There was an entry for hydrocodone 5mg/acetaminophen 325 mg one tablet at 8:00 am documented as administered daily from 02/24/18 to 02/28/18. -Hydrocodone 5mg/acetaminophen 325 mg one tablet as needed for pain after 2:00 pm was not discontinued on 02/24/18. Review of Resident #6's Medication Administration Record (MAR) for March 2018 revealed: -There was an entry for hydrocodone 5mg/acetaminophen 325 mg one tablet daily and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 97	D 358		

scheduled for at 8:00 am daily.
-There was no entry for hydrocodone 5mg/acetaminophen 325 mg one tablet as needed for pain after 2:00 pm on the March 2018 MAR.

Review of Resident #6's CSCS for hydrocodone 5mg/acetaminophen 325 mg dispensed on 02/24/18 for a quantity of 30 tablet and Resident #6's February 2018 and March 2018 MARs revealed:
-Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 02/26/18, 3 doses on 02/27/18, and one dose on 02/28/18.
-Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 03/01/18.
-Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 03/03/18.
-Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 03/04/18.

Review of medication on hand for Resident #6 on 03/06/18 revealed 13 tablets of 30 tablets of hydrocodone 5mg/acetaminophen 325 mg remained from the tablets dispensed on 02/24/18.

Based on record review and interview, Resident #6 was administered 7 additional doses of hydrocodone 5mg/acetaminophen 325 mg from 02/24/18 to 03/05/18 without a physician's order.

Interview on 03/06/18 at 2:05 pm with Resident #6 revealed:
-She had to request the pain medication in the afternoon or evening for a while.
-She routinely received her pain medication 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 98 times a day. -She recently ran out of her pain medication (01/21/18 at 8:00 am per CSCS review) and had to wait 3 days (1/25/18 at 8:00 am per CSCS review) before she had the medication available for administration. -She was not sure why she ran out of pain medication, but suffered for 3 days until the facility got her pain medication ordered. -She stated she had to lay on a heating pad, and took her scheduled dose of acetaminophen (a pain reliever used to treat mild pain) at 2:00 pm until her medication was received from the pharmacy. -She did not get out of bed on one of the 3 days. -She stated her primary care Nurse Practitioner had told her that she would order the hydrocodone 5mg/acetaminophen 325 mg to keep her comfortable. -She was aware the arthritis pain would never go away but the pain medication kept her able to get up and ambulate with her walker. Refer to interview on 03/06/18 at 6:20 pm with the Administrator. Interview on 03/06/18 at 6:20 pm with the Administrator revealed: -Staff should only document administration of medications after the medication was actually administered. -The Executive Director and the Assistant Executive Director were responsible to assure medications were administered as ordered. The facility failed to administer digoxin and aspirin for a resident with a known history of atrial fibrillation (#10); lisinopril to a resident with a history of high blood pressure (#4); percocet for two and one half weeks to a resident who had	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 99 severe pain (#5); and hydrocodone pain reliever for two residents who had chronic pain (#6 and #8). The facility's failure to administer medications as ordered resulted in substantial risk of serious physical harm and neglect to the residents and constitutes a Type A2 Violation. _____ The facility provided the following Plan of Protection on 03/06/18: -Immediately, the management will ensure all medication aides administer medications as prescribed. -There will be an inventory of all residents' medications as prescribed by the physician to ensure medication orders are followed. -Weekly, the Executive Director and Assistant Executive Director will review MARs and compare them to medication orders to ensure medications are administered as ordered. -Quality assurance checks will be done by management daily, then weekly as improvements are seen. CORRECTION DATE FOR TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 6, 2018	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment;	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 100 (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure accurate documentation on the Medication Administration Record (MAR) for 4 of 8 sampled residents (#5, #6, #7 and #10) related to eye drops (#6), Percocet (#5), digoxin, flomax, ranitidine, aspirin, and multivitamin (#10), and alprazolam (#7). The findings are: 1. Review of Resident #10's current FL2 dated 1/23/18 revealed diagnoses included unspecified atrial fibrillation, stage 3 chronic kidney disease, essential hypertension, muscle weakness, hyponatremia, hypokalemia, and severe protein-calorie malnutrition. Review of Resident #10's Resident Register revealed he was admitted to the facility on 1/23/18 from a skilled nursing facility. a. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for digoxin 125mcg, give one tablet once a day (used to treat atrial fibrillation.)	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 101 Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for Digoxin 125 mcg daily scheduled for administration at 8:00 am. -Digoxin was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Review of Resident #10's February 2018 MAR revealed: -There was an entry for digoxin 125 mcg daily and scheduled for administration at 8:00 am. -Digoxin was documented as administered from 2/1/18 through 2/22/18. -Digoxin was circled as not administered on 2/23/18 and 2/24/18. -Digoxin was documented as administered on 2/25/18 through 2/28/18. Observation of a medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed: -The MA did not administer the digoxin scheduled for 8:00 am. -The MA did not initial the MAR for the digoxin. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy. Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no digoxin available for administration. Interview on 3/1/18 at 9:04 am with Resident #10 revealed: -He had been out of several of his medications for "a few days." -He was not sure which medications he did not	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 102	D 367		

have or what they were for.
-Facility staff had told him they ordered refills for his unavailable medications two days ago and were waiting on the pharmacy to deliver them.

Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed:
-The digoxin had last been filled and delivered by the pharmacy on 1/23/18.
-The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility.
-The resident would have run out of these medications on 2/23/18.
-The pharmacy had not received new prescriptions or authorization of refills for Resident #10's digoxin as of 3/1/18.
-The pharmacy had not filled any of the medications listed for delivery, but would that afternoon, 3/1/18, once they received authorization from the provider.
-They would rush deliver the medications to be available for administration the following morning on 3/2/18 at 8:00 am.

Observation on 3/1/18 at 2:00 pm of a second MA revealed:
-She was initialing dates that were left blank on several resident's MARs before copying the MARS on the copier.
-She was erasing and rewriting entries on the MARs.

Interview on 3/1/18 at 2:25 pm with the first MA revealed:
--A handwritten refill request sheet for multiple residents, listing Resident #10's digoxin, was located, but there was no date or time listed on the sheet. It was also not marked as faxed or signed by a MA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 103 -She thought the resident had only been out of his medications "for a day or two." -Her initials were present on the MAR for 2/27/18 for the administration of digoxin at 8:00 am, but she did not initial the MAR that day. -She did not know who had signed her initials but it was not her handwriting for entries at 8:00 am on 2/27/18, for digoxin. -Those medications were not available on 2/27/18 because Resident #10 had run out. Interview on 3/6/18 at 1:30 pm with the second MA revealed: -She knew that it was false documentation to sign for another MA. -She had "filled in the blanks" on several MARs. -She did this so the MARs would be complete. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). b. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for tamsulosin Hcl (Flomax) 0.4mg, give one capsule once a day (used to treat enlarged prostate.) Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for tamsulosin 0.4mg and scheduled for administration at 8:00am. -Tamsulosin 0.4 mg was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Observation of a medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed: -The MA did not administer the tamsulosin scheduled for 8:00 am.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 104 -The MA did not initial the MAR for the tamsulosin. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy. Review of Resident #10's February 2018 MAR revealed: -There was an entry for tamsulosin 0.4mg and scheduled for administration at 8:00am. -Tamsulosin 0.4 mg was documented as administered at 8:00 am from 2/1/18 through 2/28/18. Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no tamsulosin available for administration. Interview on 3/1/18 at 9:04 am with Resident #10 revealed: -He had been out of several of his medications for "a few days." -He was not sure which medications he did not have or what they were for. -Facility staff had told him they ordered refills for his unavailable medications two days ago and were waiting on the pharmacy to deliver them. Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed: -The tamsulosin had last been filled and delivered by the pharmacy on 1/23/18. -The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility. -The resident would have run out of these medications on 2/23/18. -The pharmacy had not received new	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 105	D 367		

prescriptions or authorization of refills for Resident #10's tamsulosin as of 3/1/18.
-The pharmacy had not filled any of the medications listed for delivery, but would that afternoon, 3/1/18, once they received authorization from the provider.
-They would rush deliver the medications to be available for administration the following morning on 3/2/18 at 8:00 am.

Observation on 3/1/18 at 2:00 pm of a second MA revealed:
-She was initialing dates that were left blank on several resident's MARs before copying the MARS on the copier.
-She was erasing and rewriting entries on the MARs.

Interview on 3/1/18 at 2:25 pm with the first MA revealed:
-A refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for tamsulosin had been located in the medication room and a copy had been made.
-She thought the resident had only been out of his medications "for a day or two."
-Her initials were present on the MAR for 2/27/18 for the administration of digoxin at 8:00 am, but she did not initial the MAR that day.
-She did not know who had signed her initials but it was not her handwriting for entries at 8:00 am on 2/27/18, for tamsulosin.
-Those medications were not available on 2/27/18 because Resident #10 had run out.

Interview on 3/6/18 at 1:30 pm with the second MA revealed:
-She knew that it was false documentation to sign for another MA.
-She had "filled in the blanks" on several MARs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 106 -She did this so the MARs would be complete. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). c. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for multivitamin adult tablet, give one tablet once a day (used to treat severe malnutrition.) Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for multivitamin and scheduled for administration at 8:00am. -The multivitamin was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Review of Resident #10's February 2018 MAR revealed: -There was an entry for multivitamin and scheduled for administration at 8:00am. -The multivitamin was documented as administered at 8:00 am from 2/1/18 through 2/28/18. Observation of a medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed: -The MA did not administer the multivitamin scheduled for 8:00 am. -The MA did not initial the MAR for the multivitamin. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy. Observation of the medications on hand on	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 107 3/1/18 at 2:30 pm for Resident #10 revealed there was no multivitamin available for administration. Interview on 3/1/18 at 9:04 am with Resident #10 revealed: -He had been out of several of his medications for "a few days." -He was not sure which medications he did not have or what they were for. -Facility staff had told him they ordered refills for his unavailable medications two days ago and were waiting on the pharmacy to deliver them. Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed: -The multivitamin had last been filled and delivered by the pharmacy on 1/23/18. -The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility. -The resident would have run out of these medications on 2/23/18. -The pharmacy had not received new prescriptions or authorization of refills for Resident #10's multivitamin as of 3/1/18. -The pharmacy had not filled any of the medications listed for delivery, but would that afternoon, 3/1/18, once they received authorization from the provider. -They would rush deliver the medications to be available for administration the following morning on 3/2/18 at 8:00 am. Observation on 3/1/18 at 2:00 pm of a second MA revealed: -She was initialing dates that were left blank on several resident's MARs before copying the MARS on the copier. -She was erasing and rewriting entries on the MARs.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 108 Interview on 3/1/18 at 2:25 pm with the first MA revealed: -A refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for multivitamin had been located in the medication room and a copy had been made. -She thought the resident had only been out of his medications "for a day or two." -Her initials were present on the MAR for 2/27/18 for the administration of digoxin at 8:00 am, but she did not initial the MAR that day. -She did not know who had signed her initials but it was not her handwriting for entries at 8:00 am on 2/27/18, for the multivitamin. -Those medications were not available on 2/27/18 because Resident #10 had run out. Interview on 3/6/18 at 1:30 pm with the second MA revealed: -She knew that it was false documentation to sign for another MA. -She had "filled in the blanks" on several MARs. -She did this so the MARs would be complete. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). d. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for Zantac (ranitidine Hcl) 150 mg, give once a day (used to treat gastro-esophageal reflux disease.) Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for zantac 150mg and scheduled for administration at 8:00am. -Zantac 150mg was documented as administered at 8:00 am from 1/23/18 through 1/31/18.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 109 Review of Resident #10's February 2018 MAR revealed: -There was an entry for zantac 150mg and scheduled for administration at 8:00am. -Zantac 150 mg was documented as administered at 8:00 am from 2/1/18 through 2/28/18. Observation of a medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed: -The MA did not administer the zantac scheduled for 8:00 am. -The MA did not initial the MAR for the zantac. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy. Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no zantac available for administration. Interview on 3/1/18 at 9:04 am with Resident #10 revealed: -He had been out of several of his medications for "a few days." -He was not sure which medications he did not have or what they were for. -Facility staff had told him they ordered refills for his unavailable medications two days ago and were waiting on the pharmacy to deliver them. Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed: -The ranitidine (zantac) had last been filled and delivered by the pharmacy on 1/23/18. -The resident only had prescriptions for 30 days	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 110	D 367		

with no refills, written by the provider at a previous facility.
-The resident would have run out of these medications on 2/23/18.
-The pharmacy had not received new prescriptions or authorization of refills for Resident #10's ranitidine as of 3/1/18.
-The pharmacy had not filled any of the medications listed for delivery, but would that afternoon, 3/1/18, once they received authorization from the provider.
-They would rush deliver the medications to be available for administration the following morning on 3/2/18 at 8:00 am.

Observation on 3/1/18 at 2:00 pm of a second MA revealed:
-She was initialing dates that were left blank on several resident's MARs before copying the MARS on the copier.
-She was erasing and rewriting entries on the MARs.

Interview on 3/1/18 at 2:25 pm with the first MA revealed:
-A refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for ranitidine had been located in the medication room and a copy had been made.
-She thought the resident had only been out of his medications "for a day or two."
-Her initials were present on the MAR for 2/27/18 for the administration of digoxin at 8:00 am, but she did not initial the MAR that day.
-She did not know who had signed her initials but it was not her handwriting for entries at 8:00 am on 2/27/18, for ranitidine.
-Those medications were not available on 2/27/18 because Resident #10 had run out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 111 Interview on 3/6/18 at 1:30 pm with the second MA revealed: -She knew that it was false documentation to sign for another MA. -She had "filled in the blanks" on several MARs. -She did this so the MARs would be complete. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). e. Review of Resident #10's provider signed medication list dated 1/22/18 revealed an order for aspirin 81 mg give once a day (used to prevent heart attack.) Review of Resident #10's January 2018 medication administration record (MAR) revealed: -There was an entry for aspirin 81mg and scheduled for administration at 8:00am. -Aspirin 81mg was documented as administered at 8:00 am from 1/23/18 through 1/31/18. Review of Resident #10's February 2018 MAR revealed: -There was an entry for aspirin 81mg and scheduled for administration at 8:00am. -Aspirin 81 mg was documented as administered at 8 am from 2/1/18 through 2/28/18. Observation of a medication aide administering medications to Resident #10 on 3/1/18 at 9:00 am revealed: -The MA did not administer the aspirin scheduled for 8:00 am. -The MA did not initial the MAR for the aspirin. -Resident #10 asked the MA when his missing medicines would be refilled. -The MA informed Resident #10 that his medicines were ordered and awaiting arrival from the pharmacy.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 112 Observation of the medications on hand on 3/1/18 at 2:30 pm for Resident #10 revealed there was no aspirin available for administration. Interview on 3/1/18 at 9:04 am with Resident #10 revealed: -He had been out of several of his medications for "a few days." -He was not sure which medications he did not have or what they were for. -Facility staff had told him they ordered refills for his unavailable medications two days ago and were waiting on the pharmacy to deliver them. Telephone interview on 3/1/18 at 1:34 pm with the facility's contracted pharmacy revealed: -The aspirin had last been filled and delivered by the pharmacy on 1/23/18. -The resident only had prescriptions for 30 days with no refills, written by the provider at a previous facility. -The resident would have run out of these medications on 2/23/18. -The pharmacy had not received new prescriptions or authorization of refills for Resident #10's aspirin as of 3/1/18. -The pharmacy had not filled any of the medications listed for delivery, but would that afternoon, 3/1/18, once they received authorization from the provider. -They would rush deliver the medications to be available for administration the following morning on 3/2/18 at 8:00 am. Observation on 3/1/18 at 2:00 pm of a second MA revealed: -She was initialing dates that were left blank on several resident's MARs before copying the MARS on the copier.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 113 -She was erasing and rewriting entries on the MARs. Interview on 3/1/18 at 2:25 pm with the first MA revealed: -A refill request sheet for multiple residents dated 2/27/18 that included Resident #10, requesting refills for his aspirin had been located in the medication room and a copy had been made. -She thought the resident had only been out of his medications "for a day or two." -She did not know who had signed her initials but it was not her handwriting for entries at 8:00 am on 2/27/18, for the aspirin. -Those medications were not available on 2/27/18 because Resident #10 had run out. Interview on 3/6/18 at 1:30 pm with the second MA revealed: -She knew that it was false documentation to sign for another MA. -She had "filled in the blanks" on several MARs. -She did this so the MARs would be complete. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). 2. Review of Resident #7's FL2 dated 11/14/17 revealed diagnoses of schizophrenia, dementia, adjustment disorder with anxiety, diabetes mellitus type 2, chronic obstructive pulmonary disorder, and right lower extremity amputation. Review of Resident #7's provider orders dated 2/20/18 revealed Resident #7 was prescribed Haldol and clozapine (anti-psychotic medications used to treat schizophrenia), donepezil (used for dementia), and alprazolam (used to reduce anxiety and control behaviors.)	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 114 Review of Resident #7's provider notes revealed: -Resident #7 was seen by the facility's contracted mental health providers and primary care providers for his medical needs. -Resident #7 had been prescribed alprazolam 0.25 mg three times a day as needed for agitation on 2/6/18. -Resident #7 had been seen on 2/20/18 for a follow up visit from 2/6/18 by the contracted psychiatrist and his alprazolam dose had been increased from 0.25 mg three times a day as needed to 0.5 mg three times a day scheduled due to reported inappropriate behaviors. Review of Resident #7's February medication administration record (MAR) revealed: -There was an entry for alprazolam 0.25 mg, take one tablet three times daily was handwritten onto the MAR and scheduled at 8:00 am, 2:00 pm, and 8:00 pm. -Times of 8:00 am, 2:00 pm, and 8:00 pm had been written on the MAR for the alprazolam, but then erased. -PRN had been written over the erased 8 am, 2 pm, and 8pm markings, but they were still visible. The words "as needed every 8 hours" had been added to the end of the alprazolam 0.25 mg order entry on the MAR. -Alprazolam 0.25 mg was documented as administered three times daily from 2/11/18 through 2/20/18. -On the back of the MAR, alprazolam 0.25 mg had been documented as administered three times daily from 2/11/18 through 2/19/18, with two entries documented as administered on 2/20/18. -A new entry for alprazolam 0.5 mg, take one tablet three times daily, was documented on the MAR dated 2/20/18. -The previous entry for alprazolam 0.25 mg, take one tablet three times a day ended on 2/20/18	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 115	D 367		

and was marked "order change 2/20/18."
-Alprazolam 0.5 mg, take one tablet three times a day, was documented as administered at 8:00 am, 2:00 pm, and 8:00 pm from 2/21/18 through 2/28/18.

Review of Resident #7's March 2018 MAR revealed:
-There was an entry for alprazolam 0.5 mg tablets, take one tablet three times daily at 8:00 am, 2:00 pm, and 8:00 pm.
-The medication had been documented as administered from 03/01/18 through 03/03/18 three times a day.
-The medication was documented as administered at 8:00 am and 2:00 pm on 3/4/18.
-The medication was circled as not administered on 03/05/18 at 8:00 am.

Interview on 3/6/18 at 1:30 pm with a medication aide (MA) revealed:
-She had written all the PRN documentation for the alprazolam 0.25 mg on the back of the February 2018 MAR.
-She had signed her initials and other MA initials to the back of the MAR.
-The other MAs "knew she did it and they were ok with it."
-She couldn't sign her initials to all the entries because she did not give all the medications dated on the MAR.
-She knew that it was false documentation to sign for another MA.
-She had erased the times on the entry for alprazolam 0.25 mg and wrote in PRN because the order was supposed to be PRN but the pharmacy had printed the label wrong.
-She realized this on 2/20/18 when the order changed.
-She had "filled in the blanks" on the MAR and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 116	D 367		

wrote PRN documentation on the back because it had been missing on the MAR when the MAR was requested.

Observation of medications on hand on 3/5/18 at 6:33 pm for Resident #7 revealed:
-There was a bubble pack of alprazolam 0.5 mg filled for 90 tablets, dispensed on 2/20/18.
-There were 62 tablets remaining in the bubble pack for 90 tablets.

Observation of medications scheduled for return on 3/5/18 at 7:13 pm for Resident #7 revealed:
-There was a bubble pack of alprazolam 0.25 mg filled for 60 tablets, dispensed on 2/06/18.
-There were 60 tablets remaining in the bubble pack for 60 tablets.
-There was a bubble pack of alprazolam 0.25 mg filled for 30 tablets, dispensed on 2/06/18.
-There were no tablets remaining in the bubble pack for 30 tablets.

Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED).

3. Review of Resident #6's current FL2 dated 10/26/17 revealed diagnoses included hypertension, hypothyroidism, arthritis, and fibromyalgia.

Review of Resident #6's physician's order dated 11/24/17 revealed an order for Pataday 0.2% ophthalmic drops, instill one drop in each eye daily. (Pataday drops are used to treat allergy symptoms like itching, red eyes).

Review of Resident #6's February and March 2018 Medication Administration Records (MARs) revealed:
-There was an entry for Pataday 0.2% eye drops

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 117	D 367		

one drop in both eyes, scheduled for administration at 8:00 am daily.
-Pataday 0.2% eye drops were documented as administered daily from 02/01/18 to 03/05/18.

Interview on 03/06/18 at 2:10 pm with Resident #6 revealed:
-She used the Pataday eye drops in the past for her allergic, red eyes.
-She had not had any Pataday eye drops for administration for a long time.
-The family member refused to pay for the medication since her insurance had declined to pay for the medication.

Telephone interview on 03/06/18 at 5:19 pm with a representative from the contracted pharmacy revealed:
-The pharmacy had a prescription dated 09/24/17 on file at the pharmacy that had not been filled.
-The pharmacy had not dispensed any Pataday 0.2% eye drops for Resident #6 in February or March 2018.
-The pharmacy did not have an order to discontinued Pataday 0.2% eye drops for Resident #6, therefore the eye drops still appeared on the MARs for administration.

Interviews on 03/06/18 at 5:24 pm and 6:11 pm with the Assistant Executive Director revealed:
-She did not know Pataday 0.2% eye drops were still on Resident #6's MAR for administration.
-Resident #6's family member had not brought the eye drops to the facility for Resident #6.
-The Assistant Executive Director thought Pataday 0.2% eye drops were discontinued for Resident #6, but she could not find an order to discontinue the eye drops.
-The supervisor/medication aide working at the end of the month when the pharmacy sent the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 118	D 367		

new MARs for residents was responsible for auditing the new MARs compared to the existing MARs and medications orders for accuracy.
-She did not know staff were documenting administration of Pataday drops on the February 2018 and March 2018 MARs.
-She had not audited Resident #6's MARs compared to physician's orders because she had not had time to do audits.

Interview on 03/06/18 at 6:20 pm with the Administrator revealed:
-Staff should only document administration of medications after the medication was actually administered.
-She did not know Resident #6 did not have Pataday drops for administration.

Telephone interview on 03/06/18 at 6:27 pm with Resident #6's Power of Attorney (POA) revealed:
-He knew Resident #6's insurance would not pay for Pataday eye drops.
-He had not spoken with Resident #6's primary care provider regarding a substitute for the eye drops.
-He had been notified by the facility that Resident #6's Pataday eye drops were not covered.
-He had not purchased Pataday 0.2% eye drops for Resident #6.

Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED).

4. Review of Resident #5's current FL2 dated 08/22/17 revealed:
-Diagnoses included diabetes mellitus type 2, hepatitis C, osteoarthritis, chronic obstructive pulmonary disease, coronary artery disease, pacemaker, sick sinus syndrome, asthma, schizoaffective disorder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 119 -There was a physician's order for Percocet 5-325mg (used to treat moderate to severe pain) four times daily. Review of Resident #5's physician orders revealed: -There was a physician's order dated 11/30/17 for Percocet 5-325mg three times daily. -There was a hospital discharge summary report dated 02/07/18 with an order for Percocet 5-325mg three times daily. Review of Resident #5's February 2018 Medication Administration Records (MARs) revealed: -There was an entry for Percocet 5-325mg and scheduled for administration three times daily at 8:00 am, 2:00 pm and 8:00 pm. -Percocet 5-325mg was documented as administered daily at 8:00 am, 2:00 pm and 8:00 pm 02/01/18 through 03/05/18. Interview on 03/05/18 at 4:15 pm with the day shift medication aide (MA) revealed: -Resident #5 was out of Percocet from 02/05/18 to 02/22/18. -Staff should not have documented the medication was administered. Interview on 03/05/18 at 1:08 pm with Resident #5 revealed: -She was ordered Percocet three times a day because she continually was in pain. -She went to the hospital on 02/05/18 and returned to the facility on 02/07/18. -When she returned back to the facility staff told her that she was out of Percocet. -She asked for Percocet three times a day and staff told her all three times the medication was not in the building.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 120 -She did not get Percocet for two and a half weeks. -She asked one of the MAs on the night shift for the pain medication and was told the medication was not available. -The MA also told her that staff were marking on the MAR that she was getting Percocet, but the medication was not available to administer. Interview on 03/05/18 at 12:13 pm with the contracted pharmacy revealed: -Percocet was filled on 01/04/18, and 90 tablets were dispensed. -The medication would have run out on or close to 02/04/18. -No Percocet was dispensed between 02/04/18 through 02/21/18. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). Interview on 03/06/18 at 11:40 am with the Executive Director (ED) revealed: -She audited a sample of residents' MARs for documentation of the "prn" medications regarding documentation matching on the front of the MAR and the back of the MAR including documentation for the time and by whom it was administered, the reason for administration, and effectiveness of the medication. -She did not audit the residents' MARs compared to the CSCS documentation for controlled medications. -The Assistant Executive Director would be responsible to audit the CSCS documentation compared to the documentation on the residents' MARs. -Training on MAR documentation, including for "prn" medications, had been done by a contract nurse at the end of November 2017.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 121 -No additional in-services had been done for MAR documentation.	D 367		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure records of the receipt and administration of controlled substances were maintained, accurate and reconciled for 4 of 8 residents sampled (#5, #6, #7, and #8) who were prescribed controlled substances including hydrocodone/acetaminophen and lorazepam (#6), Percocet (#5), and alprazolam (#7), and hydrocodone/acetaminophen (#8). The findings are: 1. Review of Resident #6's current FL2 dated 10/26/17 revealed diagnoses included hypertension, hypothyroidism, arthritis, and fibromyalgia. a. Review of Resident #6's physician's orders dated 12/22/17 revealed an order for hydrocodone 5mg/acetaminophen 325 mg (a narcotic pain reliever used to treat moderate to	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 122	D 392		

severe pain) take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm.

Review of Resident #6's January 2018 Medication Administration Record (MAR) revealed an entry for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet in the morning (scheduled at 8:00 am) and one tablet every day as needed after 2:00 pm scheduled as needed (prn). (Medications administered "prn" should have documentation for the time and by whom it was administered, the reason for administration, and effectiveness of the medication.)

Review of Resident #6's Controlled Substance Count Sheet (CSCS) compared to Resident #6's January MAR revealed:
-Hydrocodone 5mg/acetaminophen 325 mg was dispensed on 12/22/17 for a quantity of 60 tablets and documented for administration from 12/22/17 to 01/21/18.
-There were 19 doses of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the January 2018 MAR.
-The CSCS sheet documented administration of all 60 tablets dispensed 12/22/17.

Examples of hydrocodone 5mg/acetaminophen 325 mg documented on the CSCS as administered but not documented on Resident #6's January 2018 MAR were as follows:
-Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/01/18 at 2:00 pm as administered, but was not documented on the resident's MAR.
-Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/03/18 at 5:00

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 123	D 392		

pm as administered, but was not documented on the resident's MAR.
-Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/04/18 at 5:00 pm as administered, but was not documented on the resident's MAR.
-Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/08/18 at 3:00 pm as administered, but was not documented on the resident's MAR.
-Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/14/18 at 8:00 pm as administered, but was not documented on the resident's MAR.

Review of Resident #6's physician's orders dated 01/24/18 revealed a subsequent order for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm.

Review of Resident #6's CSCS compared to Resident #6's January 2018 and February 2018 MARs revealed:
-Hydrocodone 5mg/acetaminophen 325 mg was dispensed on 01/24/18 for a quantity of 60 tablets and documented for administration from 01/25/18 to 02/23/18.
-There were 6 doses of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the January 2018 MAR.
-There were 12 doses of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the February 2018 MAR.
-The CSCS sheet documented administration of all 60 tablets dispensed 01/24/18.

Examples of hydrocodone 5mg/acetaminophen

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 124 325 mg documented on the CSCS as administered but not documented on Resident #6's February 2018 MAR were as follows: -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/07/18 at 4:00 pm as administered, but was not documented on the resident's MAR. -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/09/18 at 8:00 pm as administered, but was not documented on the resident's MAR. -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/11/18 at 8:00 am and at 6:00 pm as administered, but was not documented on the resident's MAR. -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/14/18 at 7:00 pm as administered, but was not documented on the resident's MAR. -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/18/18 at 8:00 pm as administered, but was not documented on the resident's MAR. Review of Resident #6's physician's orders dated 02/24/18 revealed an order for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet every day. (The previous physician's orders dated 01/24/18 was for hydrocodone 5mg/acetaminophen 325 mg take 1 tablet every day at 8:00 am and one tablet every day as needed after 2:00 pm). Continued review of Resident #6's February 2018 MAR revealed: -There was an entry for hydrocodone 5mg/acetaminophen 325 mg one tablet at 8:00 am documented as administered daily from 02/24/18 to 02/28/18. -There was an order for hydrocodone	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 125 5mg/acetaminophen 325 mg one tablet as needed for pain after 2:00 pm that was not discontinued on 02/24/18. Review of Resident #6's Medication Administration Record (MAR) for March 2018 revealed: -There was an entry for hydrocodone 5mg/acetaminophen 325 mg one tablet daily and scheduled for at 8:00 am daily. -There was no entry for hydrocodone 5mg/acetaminophen 325 mg one tablet as needed for pain after 2:00 pm on the March 2018 MAR. Review of Resident #6's CSCS for hydrocodone 5mg/acetaminophen 325 mg dispensed on 02/24/18 for a quantity of 30 tablets compared to Resident #6's February 2018 and March 2018 MARs revealed: -Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 02/26/18 (8:00 am and 6:30 pm), and 3 doses on 02/27/18 (8:00 am, 3:00 pm, and 10:00 pm). -Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 03/01/18 (8:00 am, and 8:00 pm) on the CSCS and one dose on the MAR (8:00 am). -Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 03/03/18 (8:00 am, and 8:00 pm) on the CSCS and one dose on the MAR (8:00 am). -Hydrocodone 5mg/acetaminophen 325 mg was documented as administered for 2 doses on 03/04/18 (8:00 am, and 8:00 pm) on the CSCS and one dose on the MAR (8:00 am). -There were 7 additional doses of hydrocodone 5mg/acetaminophen 325 mg administered from 02/24/18 to 03/05/18 on the CSCS but not documented on the resident's MARs.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 126 Interview on 03/06/18 at 2:05 pm with Resident #6 revealed: -She routinely received her pain medication 2 times a day. -She had to request the pain medication in the afternoon or evening for a while. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). Refer to interview on 03/06/18 at 6:40 pm with the Administrator. b. Review of Resident #6's physician's orders dated 12/13/17 revealed an order for lorazepam 0.5 mg (used to treat anxiety) one tablet at 12 Noon, as needed. Telephone interview on 03/06/17 at 1:30 pm with the contracted pharmacy revealed Resident #6 had an order for lorazepam 0.5 mg one tablet at 12:00 noon, as needed, dispensed on 12/13/17, 01/15/18, and 02/13/18, quantity of 30 tablets. Review of Resident #6's January 2018 Medication Administration Record (MAR) revealed lorazepam one tablet at 12:00 noon, as needed was transcribed on the MAR and scheduled for administration "prn (as needed) from 01/01/18 to 01/31/18. Review of Resident #6's Controlled Substance Count Sheet (CSCS) compared to Resident #6's January 2018 MARs revealed: -A CSCS for lorazepam one tablet at 12:00 noon, as needed, was dispensed on 12/13/17 was documented for administration from 12/16/17 to 01/14/18. -There were 5 doses of lorazepam 0.5 mg	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 127	D 392		

documented as administered on the CSCS that were not documented on the January 2018 MAR from 01/01/18 to 01/14/18.
-There was documentation of administration of all 30 tablets dispensed 12/13/17 on the CSCS.

Examples of lorazepam 0.5 mg documented as administered on the CSCS that were not documented on the January 2018 MAR were as follows:
-Lorazepam 0.5 mg was documented on the CSCS on 01/01/18 at 12:00 pm as administered, but was not documented on the resident's MAR.
-Lorazepam 0.5 mg was documented on the CSCS on 01/05/18 at 12:00 pm as administered, but was not documented on the resident's MAR.
-Lorazepam 0.5 mg was documented on the CSCS on 01/08/18 at 12:00 pm as administered, but was not documented on the resident's MAR.
-Lorazepam 0.5 mg was documented on the CSCS on 01/09/18 at 12:00 pm as administered, but was not documented on the resident's MAR.

Review of Resident #6's CSCS compared to Resident #6's January 2018 and February 2018 MARs revealed:
-A CSCS for lorazepam one tablet at 12:00 noon, as needed dispensed on 01/15/18 was documented for administration from 01/16/18 to 02/14/18.
-There were 7 doses of lorazepam 0.5 mg documented as administered on the CSCS that were not documented on the January 2018 MAR from 01/16/18 to 01/31/18.
-There were 3 doses of lorazepam 0.5 mg documented as administered on the CSCS that were not documented on the February 2018 MAR from 02/01/18 to 02/14/18.
-There was documentation of administration of all 30 tablets dispensed 01/15/18 on the CSCS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 128 Examples of lorazepam 0.5 mg documented as administered on the CSCS that were not documented on the January 2018 and February MAR were as follows: -Lorazepam 0.5 mg was documented on the CSCS on 01/24/18 at 12:00 pm as administered, but was not documented on the resident's MAR. -Lorazepam 0.5 mg was documented on the CSCS on 01/25/18 at 12:00 pm as administered, but was not documented on the resident's MAR. -Lorazepam 0.5 mg was documented on the CSCS on 01/28/18 at 12:00 pm as administered, but was not documented on the resident's MAR. -Lorazepam 0.5 mg was documented on the CSCS on 02/08/18 at 12:00 pm as administered, but was not documented on the resident's MAR. -Lorazepam 0.5 mg was documented on the CSCS on 02/09/18 at 12:00 pm as administered, but was not documented on the resident's MAR. -Lorazepam 0.5 mg was documented on the CSCS on 02/10/18 at 12:00 pm as administered, but was not documented on the resident's MAR. Review of Resident #6's CSCS compared to Resident #6's February 2018 and March 2018 MARs revealed: -A CSCS for lorazepam one tablet at 12:00 noon, as needed dispensed on 02/13/18 was documented for administration from 02/15/18 to 03/05/18. -There were 6 doses of lorazepam 0.5 mg documented as administered on the CSCS that were not documented on the February 2018 MAR from 02/15/18 to 2/28/18. -There were 3 doses of lorazepam 0.5 mg documented as administered on the CSCS that were not documented on the March 2018 MAR from 03/01/18 to 03/05/18. -There were 11 tablets remaining of the 30 tablets	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 129	D 392		

dispensed on 02/13/18 on hand on 03/05/18 which matched the quantity listed on the CSCS.

Interview on 03/06/18 at 2:05 pm with Resident #6 revealed she routinely requested and received her anxiety medication around noon daily.

Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED).

Refer to interview on 03/06/18 at 6:40 pm with the Administrator.

2. Review of Resident #8's current FL2 dated 04/01/17 revealed diagnoses included hypertension, dementia, anxiety, chronic pain, insomnia, and difficulty walking.

Review of Resident #8's physician's orders dated 12/22/17 revealed an order for hydrocodone 7.5mg/acetaminophen 325mg (a narcotic pain reliever used to treat moderate to severe pain) take every four hours as needed (prn) for pain. (Medications administered "prn" should have documentation for the time and by whom it was administered, the reason for administration, and effectiveness of the medication.)

Telephone interview on 03/06/17 at 5:30 pm with the backup pharmacy revealed Resident #8 had an order for hydrocodone 7.5mg/acetaminophen 325mg 1 tablet every four hours as needed and dispensed for a quantity of 30 tablets on 12/26/17.

Review of Resident #8's physician's orders dated 01/04/18 revealed an order for hydrocodone 5mg/acetaminophen 325mg take 1 every six hours as needed for pain (a narcotic pain reliever used to treat moderate to severe pain).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 130 Review of Resident #8's physician's orders dated 02/05/18 revealed an order for hydrocodone 7.5mg/acetaminophen 325mg take 1 every six hours as needed for pain. Telephone interview on 03/06/17 at 9:30 am with the contracted pharmacy revealed: -Resident #8 had hydrocodone 5mg/acetaminophen 325mg 1 tablet every six hours as needed and dispensed for a quantity of 120 tablets on 01/05/18. -Resident #8 had hydrocodone 7.5mg/acetaminophen 325mg every six hours as needed, dispensed for a quantity of 120 tablets on 02/19/18. Review of Resident #8's December 2017 and January 2018 Medication Administration Record (MAR) revealed: -There was an entry for hydrocodone 7.5mg/acetaminophen 325 mg take 1 tablet every four hours as needed (prn). -Hydrocodone was documented as administered on 21 occasions from 12/26/17 to 01/04/18. -Nine tablets of the 30 tablets dispensed on 12/26/17 did not have an accurate and reconcilable accounting. Review of Resident #8's Controlled Substance Count Sheet (CSCS) for hydrocodone 7.5mg/acetaminophen 325 mg for a quantity of 30 tablets dispensed on 12/26/17 revealed there was no control sheet. Interview on 3/6/18 at 5:09 pm with the Assistant Executive Director revealed she was not able to locate a December 2017 CSCS for Resident #8's hydrocodone 7.5mg/acetaminophen 325 mg for a quantity of 30 tablets dispensed on 12/26/18.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 131 Review of Resident #8's January 2018 MAR revealed: -Hydrocodone 7.5mg/acetaminophen 325mg 1 tablet every four hours as needed was discontinued on 01/04/18. -There was an entry for hydrocodone 5mg/acetaminophen 325mg take 1 every six hours as needed for pain beginning on 01/05/18. Review of Resident #8's CSCS compared to Resident #8's January 2018 medication administration record (MAR) revealed: -There was a CSCS for hydrocodone 5mg/acetaminophen 325 mg dispensed on 01/05/17 for quantity of 60 tablets of 120 tablets that documented administration from 01/05/18 to 01/24/18 . -There were 35 doses of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the January 2018 MAR. Examples of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the January 2018 MAR were as follows: -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/05/18 at 11:00 pm as administered, but was not documented on the resident's MAR. -Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/06/18 at 3:00 pm as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/07/18 at 8:00 am and 3pm as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 132	D 392		

documented on the CSCS on 01/08/18 at 9:00 pm as administered, but was not documented on the resident's MAR.
- Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/09/18 at 7:00 pm as administered, but was not documented on the resident's MAR.

Review of Resident #8's February 2018 MAR revealed an entry for hydrocodone 7.5mg/acetaminophen 325mg take 1 every six hours as needed for pain.

Review of Resident #8's Controlled Substance Count Sheet (CSCS) compared to Resident #8's January 2018 and February 2018 MARs revealed:
-There was a second CSCS for an order for hydrocodone 5mg/acetaminophen 325 mg dispensed on 01/05/17, quantity of 60 tablets of 120 tablets that documented administration from 01/25/18 to 02/22/18 .
-There were 11 doses of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the January 2018 MAR.
-There were 28 doses of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the February 2018 MAR.

Examples of hydrocodone 5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the January 2018 and February 2018 MAR were as follows:.
- Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/26/18 at 6:00 am as administered, but was not documented on the resident's MAR.
- Hydrocodone 5mg/acetaminophen 325 mg was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 133 documented on the CSCS on 01/27/18 at 2:00 pm as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/28/18 at 8:00 am as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 01/29/18 at 9:00 pm as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/03/18 at 4:00 pm as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/04/18 at 9:00 am as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/11/18 at 6:00 pm as administered, but was not documented on the resident's MAR. - Hydrocodone 5mg/acetaminophen 325 mg was documented on the CSCS on 02/21/18 at 7:00 am as administered, but was not documented on the resident's MAR. Review of Resident #8's Controlled Substance Count Sheet (CSCS) compared to Resident #8's February MAR revealed: -There was a CSCS for hydrocodone 7.5mg/acetaminophen 325 mg dispensed on 02/19/18 for quantity of 60 tablets of 120 tablets documented for administration from 02/22/18 to 03/02/18. -There were 17 doses of hydrocodone 7.5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the February 2018 MAR.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 134 Examples of hydrocodone 7.5mg/acetaminophen 325 mg documented as administered "prn" on the CSCS that were not documented on the February 2018 MAR were as follows: -Hydrocodone 7.5mg/acetaminophen 325 mg was documented on the CSCS on 02/22/18 at 5:45 am as administered, but was not documented on the resident's MAR. -Hydrocodone 7.5mg/acetaminophen 325 mg was documented on the CSCS on 02/23/18 at 7:00 am as administered, but was not documented on the resident's MAR. -Hydrocodone 7.5mg/acetaminophen 325 mg was documented on the CSCS on 02/25/18 at 4:00 pm as administered, but was not documented on the resident's MAR. -Hydrocodone 7.5mg/acetaminophen 325 mg was documented on the CSCS on 02/28/18 at 8:00 am as administered, but was not documented on the resident's MAR. Review of Resident #8 CSCS and medications on hand revealed the February 2018 CSCS for hydrocodone 7.5mg/acetaminophen 325 mg dispensed on 02/19/18 for quantity of 60 tablets of 120 tablets located in Resident #8's overstock medication. Interview with Resident #8 on 03/02/2018 at 9:46 am revealed: -He took hydrocodone for pain. -He sometimes did not get his medicine when he asked for it. -Staff would tell him it was not time for it but he knew how often he could have it. -His pain was not controlled. -He thought the hydrocodone helped when he took it. -The facility sometimes ran out of his	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 135	D 392		

hydrocodone and he would not have anything to take for pain.
-He did know the last time the facility ran out of his hydrocodone.

Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED).

Refer to interview on 03/06/18 at 6:40 pm with the Administrator.

3. Review of Resident #5's current FL2 dated 08/22/17 revealed:
-Diagnoses included diabetes mellitus type 2, chronic obstructive pulmonary disease, hypertension, sick sinus syndrome, asthma, osteoarthritis, and schizoaffective disorder.
-There was a physician's order for Percocet 5-325mg (for moderate to severe pain) four times daily.

Review of Resident #5's physician orders record revealed:
-There was a physician's order dated 11/30/17 for Percocet 5-325mg three times daily.
-There was a hospital discharge summary report dated 02/07/18 with an order for Percocet 5-325mg three times daily.

Review of Resident #5's December 2017 Medication Administration Records (MARs) revealed:
-There was an entry for Percocet 5-325mg and scheduled for administration three times daily at 8:00 am, 2:00 pm and 8:00 pm.
-Percocet 5-325mg was documented as administered daily at 8:00 am, 2:00 pm, and 8:00 pm from 12/01/17 through 12/31/17.

Review of Resident #5's Controlled Substance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 136	D 392		

Count Sheet (CSCS) for Percocet 5-325mg revealed:
-Percocet was dispensed on 11/30/17 for a quantity of 90 tablets and documented as administered from 12/04/17 to 12/21/17.
-Compared to Resident #5's December 2017 MAR there were 30 doses of Percocet 5-325 mg documented as administered on the December 2017 MAR, but not accounted for on the CSCS.

Review of Resident #5's January 2018 MARs revealed:
-There was an entry for Percocet 5-325mg and scheduled for administration three times daily at 8:00 am, 2:00 pm and 8:00 pm.
-Percocet 5-325mg was documented as administered daily at 8:00 am, 2:00 pm and 8:00 pm from 01/01/18 through 01/31/18.

Review of Resident #5's CSCS for Percocet 5-325mg revealed:
-There were no controlled drug sheets to compare to the January 2018 MARs.
-There were 93 doses of Percocet documented as administered from 01/01/18 through 01/31/18 and not accounted for on the CSCS.

Review of Resident #5's February 2018 MARs revealed:
-There was an entry for Percocet 5-325mg and scheduled for administration three times daily at 8:00 am, 2:00 pm and 8:00 pm.
-Percocet 5-325mg was documented as administered daily at 8:00 am, 2:00 pm and 8:00 pm from 02/01/18 through 02/28/18.

Review of Resident #5's CSCS for Percocet 5-325mg revealed:
-There was no pharmacy label on the CSCS.
-Staff hand wrote the medication description and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 137	D 392		

did not include the dispense date.
-Documentation the medication was administered from 02/22/17 to 02/28/18.
-There was no documentation from 02/01/18 through 02/21/18 to compare with Resident #5's February 2018 MAR.
-There were 12 doses of Percocet 5-325 mg documented as administered from 02/01/18 through 02/04/18 on the February 2018 MAR and not accounted for on the CSCS.

Examples of Percocet 5-325mg documented on the February 2018 MAR as administered but not documented on the CSCS were as follows:
-Percocet 5-325mg was documented 02/01/18 through 02/21/18 at 8:00 am administered, but was not documented on the CSCS.
-Percocet 5-325mg was documented 02/01/18 through 02/21/18 at 2:00 pm, but was not documented on the resident's CSCS.
-Percocet 5-325mg was documented 02/01/18 through 02/21/18 at 8:00 pm, but was not documented on the resident's CSCS.

Observation on 03/05/18 at 4:10 pm of Resident #5's medications on hand at the facility revealed:
-Percocet 5-325mg was available for administration.
-There were two bubble cards of Percocet 5-325mg.
-According to the pharmacy printed label the medication was filled and dispensed on 02/22/18 for 90 tablets.
-There were 53 tablets remaining; 30 tablets in one bubble card, and 23 tablets in another bubble card.

Interview on 03/05/18 at 1:08 pm with Resident #5 revealed:
-She was ordered Percocet three times a day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 138	D 392		

because she was continually in pain.
-She went to the hospital on 02/05/18 and returned to the facility on 02/07/18.
-When she returned back to the facility staff told her three times a day that she was out of Percocet.
-She did not get Percocet for two and a half weeks.

Interview on 03/06/17 at 11:49 am with the medication aide/supervisor revealed:
-She had documented on the resident's controlled drug sheet.
-"She did not administer the medications, but filled in the blank spots for other staff."
-She could not locate Resident #5's CSCS for December 21, 2017 through February 21, 2018.
-It appeared the CSCS were not completed.

Interview on 03/05/18 at 12:13 pm with the contracted pharmacy revealed:
-Resident #5's Percocet 5-325mg was filled on 11/30/17, and 90 tablets were dispensed.
-The medication should have lasted until December 30, 2017.
-Percocet was filled on 01/04/18, and 90 tablets were dispensed.
-The medication would have ran out on or close to 02/04/18.
-No Percocet was dispensed between 02/04/18 through 02/21/18.

Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED).

Refer to interview on 03/06/18 at 6:40 pm with the Administrator.

4. Review of Resident #7's FL2 dated 11/14/17 revealed diagnoses of schizophrenia, dementia,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 139 adjustment disorder with anxiety, diabetes mellitus type 2, chronic obstructive pulmonary disorder, and right lower extremity amputation. Review of Resident #7's provider orders dated 2/20/18 revealed Resident #7 was prescribed alprazolam (used to reduce anxiety and control behaviors.) Review of Resident #7's provider notes revealed: -Resident #7 was seen by the facility's contracted mental health providers and primary care providers for his medical needs. -Resident #7 had been prescribed alprazolam 0.25 mg three times a day as needed for agitation on 2/6/18. -Resident #7 had been seen on 2/20/18 for a follow up visit from 2/6/18 by the contracted psychiatrist and his alprazolam dose had been increased from 0.25 mg three times a day as needed to 0.5 mg three times a day scheduled due to reported inappropriate behaviors. Review of Resident #7's February 2018 medication administration record (MAR) revealed: -There was an entry for alprazolam 0.25 mg, take one tablet three times daily, handwritten onto the MAR. -Times of 8:00 am, 2:00 pm, and 8:00 pm had been written on the MAR for the alprazolam, but then erased. -PRN had been written over the erased 8:00 am, 2:00 pm, and 8:00 pm markings, but they were still visible. -The words "as needed every 8 hours" had been added to the end of the alprazolam 0.25 mg order entry on the MAR. -Alprazolam 0.25 mg was documented as administered three times daily from 2/11/18 through 2/20/18 on the front of the MAR.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 140 -On the back of the MAR, alprazolam 0.25 mg had been documented as administered three times daily from 2/11/18 through 2/19/18, with two entries documented as administered on 2/20/18. -There was a new entry for alprazolam 0.5 mg, take one tablet three times daily, documented on the MAR dated 2/20/18. -The previous entry for alprazolam 0.25 mg, take one tablet three times a day, ended on 2/20/18 and was marked "order change 2/20/18." -There was an entry for alprazolam 0.5 mg, take one tablet three times a day, documented as administered at 8:00 am, 2:00 pm, and 8:00 pm from 2/21/18 through 2/28/18. Review of Resident #7's March 2018 MAR revealed: -There was a printed entry for alprazolam 0.5 mg tablets, take one tablet three times daily at 8:00 am, 2:00 pm, and 8:00 pm. -The medication had been documented as administered from 3/1/18 through 3/3/18 three times a day. -The medication was documented as administered at 8:00 am and 2:00 pm on 3/4/18. -The medication was circled as not administered on 3/5/18 at 8:00 am. Review of the controlled substance count sheet (CSCS) for alprazolam 0.25 mg for the prescription filled on 2/6/18 revealed: -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/8/18. -An alprazolam 0.25 mg tablet was signed out at 8:00 am on 2/9/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/11/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/12/18. -Alprazolam 0.25 mg tablets were signed out at	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 141 8:00 am, 2:00 pm, and 8:00 pm on 2/13/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/14/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am and 2:00 pm on 2/15/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/16/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/17/18. -Alprazolam 0.25 mg tablets were signed out at 8:00 am, 2:00 pm, and 8:00 pm on 2/18/18. -Alprazolam 0.25 mg tablets were signed out at 2:00 pm and 8:00 pm on 2/19/18. -An alprazolam 0.25 mg tablet was signed out at 8:00 pm on 2/20/18. -There were a total of 30 tablets signed out of the 90 tablets filled by the pharmacy on 2/6/18. Review of the CSCS for alprazolam 0.5 mg for the prescription filled on 2/20/18 revealed: -Alprazolam 0.5 mg tablets were signed out at 2:00 pm and 8:00 pm on 2/23/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 2/24/18. -Alprazolam 0.5 mg tablets were signed out at 6:00 am, 2:00 pm and 10:00 pm on 2/25/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 2/26/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 2/27/18. -Alprazolam 0.5 mg tablets were signed out at 2:00 pm and 8:00 pm on 2/28/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 3/1/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 3/2/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 3/3/18. -Alprazolam 0.5 mg tablets were signed out at 8:00 am, 2:00 pm and 8:00 pm on 3/4/18.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 142 -The CSCS documentation of 62 tablets signed out matched what was available in the bubble pack of alprazolam tablets on the medication cart. Observation of the controlled drug cabinet in the medication room on 3/6/18 at 11:30 am revealed: -There was a bubble pack containing 60 tablets of 0.25 mg alprazolam, filled on 2/6/18 for Resident #7. -There were no tablets missing, but the foil covering at the 31st tablet had been punctured and taped closed with clear tape. -The CSCS for the 60 tablets was attached to the bubble pack. Observation of medications on hand on 3/5/18 at 6:33 pm for Resident #7 revealed: -There was a bubble pack of alprazolam 0.5 mg filled for 90 tablets, dispensed on 2/20/18. -There were 62 tablets remaining in the bubble pack. Interview on 3/6/18 at 1:30 pm with a medication aide (MA) revealed: -She had written all the PRN documentation for the alprazolam 0.25 mg on the back of the February 2018 MAR. -She had signed her initials and other MAs' initials to the back of the MAR. -The other MAs "knew she did it and they were ok with it." -She could not sign her initials to all the entries because she did not give all the medications dated on the MAR. -She knew that it was false documentation to sign for another MA. -She had erased the times on the entry for alprazolam 0.25 mg and wrote in PRN because the order was supposed to be PRN but the pharmacy had printed the label wrong.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 143 -She realized this on 2/20/18 when the order changed. -She had "filled in the blanks" on the MAR and wrote PRN documentation on the back because it had been missing on the MAR when the MAR was requested. -She did not realize that the controlled substance count sheets did not match the MAR. Refer to interview on 03/06/18 at 11:40 am with the Executive Director (ED). Refer to interview on 03/06/18 at 6:40 pm with the Administrator. _____ Interview on 03/06/18 at 11:40 am with the Executive Director (ED) revealed: -She audited a sample of residents' MARs for documentation of the "prn" medications regarding documentation matching on the front of the MAR and the back of the MAR including documentation for the time and by whom it was administered, the reason for administration, and effectiveness of the medication. -She did not audit the residents' MARs compared to the CSCS documentation for controlled medications. -The Assistant Executive Director would be responsible to audit the CSCS documentation compared to the documentation on the residents' MARs. -Training on MAR documentation, including for "prn" medications, had been done by a contract nurse at the end of November 2017. -No additional in-services had been done for MAR documentation. Interview on 03/06/18 at 6:40 pm with the Administrator revealed: -Medication aides should be documenting the	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 144 administration of medications, including "prn" medications immediately after the medications were administered. -The Executive Director and Assistant Executive Director were responsible to assure the MARS accurately reflected the administration of medications. The facility failed to assure controlled substance count sheets were accurate for four residents receiving controlled drugs by not having an accurate reconcilation (CSCS) of 171 doses of Percocet for Resident #5 from December 2017 to February 2018; 36 doses of hydrocodone/acetaminophen and 23 doses of lorazepam from January 2018 to March 2018 for Resident #6; 100 doses of hydrocodone/acetaminophen from January 2018 to March 2018 for Resident #8, who experienced uncontrolled pain, and 48 doses of alprazolam for Resident #7 from February 2018 to March 2018. The facility's failure to assure a reconcilable record of controlled substances count sheets was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided the following Plan of Protection on 03/06/18: -Management (Executive Director and Assistant Executive Director) will ensure that all documentation is consistently noted on the controlled substance count sheets and MARs by the medication aide on duty at the time of administering the medication. -Management will ensure staff administer medications according to sequenced numerical order and sign control sheet properly. -Management will ensure control medications are counted at shift change and properly documented.	D 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	Continued From page 145 -Management will perform quality assurance checks on medications, MARs, and control sheets in order to ensure full inventory and correct documentation. -Checks will be done by management daily, then weekly as improvement is seen. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, APRIL 21, 2018.	D 392		
D 400	10A NCAC 13F .1009(a)(1) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (a) An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 146 (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure pharmacy reviews of medications were completed on site and at least quarterly for 5 of 5 sampled residents (Residents #2, #3, #4, #5, #6). The findings are: 1. Review of Resident #2's FL2 dated 12/07/17 revealed: -Diagnoses included bipolar I, depression, and migraines. -There was an order for colace100mg twice a day (used for stool softener), prozac 60mg daily (used for depression), calcium and vitamin D daily (used as a vitamin supplement), dulcolax 5mg daily (used as a laxative), vicon-forte daily (used as a mineral supplement), miralax 17g daily (used as a stool softener), rispersal 1mg twice a day (used to treat bipolar disorder), and nurtitional supplement twice a day. Review of Resident #2's Resident Register revealed she was admitted to the facility on 12/07/17. Review of Resident #2's pharmacy reviews revealed no documentation of pharmacy reviews being done.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 147 Refer to interview on 03/06/18 at 1:55 pm with the contracted Pharmacy Consultant. Refer to interview on 03/06/18 at 7:25 pm with the Executive Director (ED). 2. Review of Resident #6's current FL2 dated 10/26/17 revealed: -Diagnoses included hypertension, hypothyroidism, arthritis, and fibromyalgia. -There were medication orders included as follows: Flonase 50 mcg nasal spray (used for allergies); Dexilant 30 mg (used for gastric reflux); hydrochlorthiazide 12.5 mg (used to treat high blood pressure); levothyroxine 112 mcg (used to treat hypothyroidism); oyster shell calcium (used to supplement calcium intake); Preservision Areds (a vitamin supplement used for the eyes and vision); Vistaril 25 mg (used for anxiety); Tramadol 50 mg (used for pain control); Tobrex 0.3% eye drops (used to treat eye irratations); Zyrtec 10 mg (used to treat allergies); and trazodone 200 mg (used to treat depression). Review of Resident #6's physician's order dated 11/24/17 revealed Pataday 0.2% ophthalmic drops, instill one drop in each eye daily (used to treat allergy symptoms like itching, red eyes). Review of Resident #6's record revealed a form requesting physician intervention for a prior authorization for Resident #6's insurance company to pay for the Pataday. There was no documentation the form was completed. Review of Resident #6's February and March 2018 Medication Administration Records (MARs) revealed: -An entry for Pataday 0.2% eye drops one drop in	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 148	D 400		

both eyes and scheduled for administration at 8:00 am daily.
-Pataday 0.2% eye drops were documented as administered daily from 02/01/18 to 03/05/18.

Review of Resident #6's Pharmacy Reviews revealed:
-There was a Pharmacy Review dated 11/06/17 documenting "MAR is reviewed and updated. All doctor's orders are reviewed and consistent w/ (with) MAR. No recommendations".
-There was a Pharmacy Review dated 02/20/18 documenting "All medications are consistent with doctor's orders. Pataday eye drops not covered by insurance. Recommend to discontinue the medication or consider alternative".

Telephone interview on 03/06/18 at 5:19 pm with a representative of the contracted pharmacy revealed:
-The pharmacy had a prescription dated 09/24/17 on file at the pharmacy that had not been filled.
-The pharmacy had not dispensed any Pataday 0.2% eye drops for Resident #6 in February or March 2018.
-The pharmacy did not have an order to discontinued Pataday 0.2% eye drops for Resident #6, therefore the eye drops still appeared on the MARs for administration.

Refer to interview on 03/06/18 at 1:55 pm with the contracted Pharmacy Consultant.

Refer to interview on 03/06/18 at 7:25 pm with the Executive Director (ED).

3. Review of Resident #3's FL-2 dated 1/20/18 revealed:
-Diagnoses included hypoxia, hypokalemia, chronic obstructive pulmonary disease, diabetes,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 149	D 400		

tachycardia, a history of right breast cancer, hypertension, and anxiety.
-An order for anastrozole 1 mg tablet (chemotherapy drug used to prevent recurrence of breast cancer), take one tablet daily, aspirin enteric coated 81 mg tablet (used to prevent heart attack), give one tablet daily, losartan potassium 100 mg tablet (used to treat high blood pressure), give one tablet daily, and sertraline hcl 100 mg tablet (used to treat depression), give two tablets daily.
-An order for spiriva handihaler 18 mcg inhaler capsules (used to treat chronic obstructive pulmonary disease), inhale one capsule daily, QVAR (beclomethasone dipropionate) inhaler (used to treat chronic obstructive pulmonary disorder), inhale one puff twice a day, and pro air albuterol 90 mcg inhaler (used to treat chronic obstructive pulmonary disease), inhale two puffs as needed every 4 hours for shortness of breath.
-An order for metformin hcl 500 mg tablet (used to lower blood sugar), give one tablet daily with dinner, atorvastatin 20 mg (used to lower cholesterol), give one tablet daily at bedtime, diltiazem 24 hour extended release 240 mg tablet (used to treat high blood pressure), give one tablet twice a day, ranitidine 150 mg tablet (used to treat gastroesophageal reflux disease), give one half tablet twice a day, and spironolactone 50 mg tablet (a diuretic used to treat fluid retention), give one tablet daily,

Review of Resident #3's Resident Register revealed she was admitted to the facility on 05/17/2011.

Review of Resident #3's pharmacy reviews revealed:
-There was a Pharmacy Review dated 11/06/17 documenting "FL2 is current, signed and dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 150 (2/2017) MAR is reviewed and updated. All doctor's orders are reviewed and consistent w/ (with) MAR. No current recommendations". A request for additional pharmacy reviews on 03/02/18 revealed the Executive Director supplied a fax dated 03/02/18 a 1:30 pm from the contracted pharmacy documenting, "pharmacy quarterly reviews at (facility name) was performed on 02/20/18. However, I held onto it till 03/02/18 because I was still waiting to hear from providers for few recommendations." Review of the pharmacy review faxed with the above note dated 02/20/18 revealed documentation "MAR is reviewed and updated. QVAR and Spiriva are not covered by insurance. Please consult doctor to see if 'patient' needs to continue these medications or consider alternative." Refer to interview on 03/06/18 at 1:55 pm with the contracted Pharmacy Consultant. Refer to interview on 03/06/18 at 7:25 pm with the Executive Director (ED). 4. Review of Resident #4's current FL2 dated 11/13/2017 revealed the resident had diagnoses of diabetes mellitus type 2, hypertension, congestive heart failure, malnutrition, depressive disorder, and he was a bilateral lower extremity amputee. Review of Resident #4's resident register revealed he was admitted to the facility on 11/14/17. Review of Resident #4's current provider's orders dated 1/26/18 revealed:	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 151 -An order for plavix 75 mg tablet (used to prevent blood clots) give one tablet daily, amlodipine besylate 10 mg tablet (used to treat high blood pressure) give one tablet daily carvedilol 25 mg tablet (used to treat congestive heart failure) give one tablet twice a day, clonidine hcl 0.3 mg tablet (used to treat high blood pressure) give one tablet three times a day, lisinopril 5 mg tablet (used to treat high blood pressure) give one tablet daily, lasix 40 mg tablet (used to treat fluid retention) give one tablet daily, and hydralazine hcl 100 mg tablet (used to treat high blood pressure) give one tablet three times a day, -An order for polysaccharide iron complex 150 mg capsule (used to treat low iron levels) give one capsule twice a day, protonix delayed release 40 mg tablet (used to treat gastroesophageal reflux disease) give one tablet by mouth daily, simvastatin 10 mg tablet (used to treat high cholesterol) give one tablet at bedtime, and glipizide 10 mg tablet (used to treat type two diabetes) give one tablet twice a day. -An order for humalog insulin 100 units/ml subcutaneous solution (a rapid-acting insulin used to lower elevated blood sugar levels) inject five units subcutaneously three times daily with meals, lantus insulin 100 units/ml subcutaneous solution (a long-acting insulin used to lower elevated blood sugar levels) inject thirty units subcutaneously at bedtime and twenty units subcutaneously in the morning. -An order for sertraline hcl 100 mg tablet (used to treat depression) give one tablet daily, and aricept 10 mg tablet (used to treat memory loss or dementia) give one tablet daily at bedtime. -An order for pro air HFA 108/90 base mcg/act albuterol inhalation aerosol solution (used to treat shortness of breath) inhale two puffs every 4 hours as needed for shortness of breath.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 152 Interview on 3/2/18 at 12:30 pm with a representative from the contracted pharmacy revealed: -The pharmacy did not have an order on file for Lisinopril 5 mg for Resident #4, and it was not present on his profile in their computer system. -They received orders electronically normally from the provider, but also received medication lists or visit notes by fax from the facility. -The pharmacy did not know why the Lisinopril order had not been received. -The Lisinopril was not on the MAR because they were not aware of the order. -They would contact the provider to clarify the order. A request for a pharmacy review on 03/02/18 revealed the Executive Director supplied a fax dated 03/02/18 a 1:30 pm from the contracted pharmacy documenting, "pharmacy quarterly reviews at (facility name) was performed on 02/20/18. However, I held onto it till 03/02/18 because I was still waiting to hear from providers for few recommendations." Review of the included pharmacy review faxed with the above note dated 02/20/18 revealed documentation "All medications are consistent with doctor's orders, no medication concerns. No recommendations." Refer to interview on 03/06/18 at 1:55 pm with the contracted Pharmacy Consultant. Refer to interview on 03/06/18 at 7:25 pm with the Executive Director (ED). 5. Review of Resident #5's current FL2 dated 08/22/17 revealed: -Diagnoses included diabetes mellitus type 2,	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 153	D 400		

chronic obstructive pulmonary disease, hypertension, sick sinus syndrome, asthma, osteoarthritis, and schizoaffective disorder.
-There were physician orders for fingerstick blood sugars three times daily, alphagan (used to treat open-angle glaucoma or high fluid pressure in the eye) 0.2% eye drops (left) eye three times daily, creon DR (treats chronic pancreatitis) 12,000 units four times daily, trazodone (treats depression)10mg (2 tablets) at bedtime, ProAir 90mcg 2 puffs every six hours as needed for shortness of breath, Percocet 5-325mg (treats moderate to severe pain) four times daily, robafen 100mg (treat breathing illnesses) every twelve fours, depakote ER 500mg (treats manic depression) at bedtime, gabapentin 300mg (treats nerve pain) at bedtime, lantus 20 units (long-acting regulate sugar in the blood) at bedtime, pravastatin 20mg (help lower bad cholesterol) at bedtime, and banophen 25mg (treats motion sickness or induce sleep) every four hours.

Review of Resident #5's physician's orders revealed:
-There was a physician's order dated 11/30/17 for Percocet 5-325mg three times daily.
-There was a hospital discharge summary report dated 02/07/18 with an order for Percocet 5-325mg three times daily.

Review of Resident #5's record revealed:
-There was a Pharmacy Review dated 11/06/17 documenting "MAR is reviewed and updated.
-Documentation on the pharmacy review that "All doctor's orders are reviewed and consistent w/ (with) MAR. No recommendations".

A request for additional pharmacy reviews on 03/02/18 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 154 -The pharmacy reviews were not in the building. -The Executive Director supplied a fax dated 03/02/18 a 1:30 pm from the contracted pharmacy. -The fax included the following documentation, "pharmacy quarterly reviews at (facility name) was performed on 02/20/18. However, I held onto the it (pharmacy reviews) until 03/02/18 because I was still waiting to hear from providers for a few recommendations." Review of the pharmacy review that was faxed with the above note on 03/02/18 revealed: -Documentation the pharmacy review was completed on 02/20/18. -The pharmacist completing the review documented "All medications are consistent with doctor's orders, no medication concerns. No recommendations." Refer to interview on 03/06/18 at 1:55 pm with the contracted Pharmacy Consultant. Refer to interview on 03/06/18 at 7:25 pm with the Executive Director (ED). _____ Interview on 03/06/18 at 1:55 pm with the contracted pharmacy consultant completing the February 2018 pharmacy review revealed: -The pharmacist did not come onsite to the facility to complete the February 2018 pharmacy review. -Instead, she had one of her assistant's to review the residents medication orders that were in the pharmacy system and compare the orders to the MARs in the pharmacy system. -Previously, she noticed a lot of discrepancies and had planned to contact the residents' physicians to get the orders straightened out. -Due to there being so many residents, she had not completed that process.	D 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 400	Continued From page 155 -In November 2017, she was onsite at the facility to completed the November 2017 pharmacy reviews, but did not come onsite to the facility in February 2018. Interview on 03/06/18 at 7:25 pm with the Executive Director (ED) revealed: -The contract Pharmacy Consultant had not been on site for the last reviews, that she knew of. -The ED was familiar with the requirements that the Pharmacy Review had to be done on-site and quarterly. -She did not know if the previous Pharmacy Reviews were performed on site because she began working at the facility on 11/20/17 and the Pharmacy Review had been completed on 11/06/17 and not on site. -The Pharmacy Reviews were not sent to the ED until she requested them on 03/02/18. -The ED or the Assistant ED had not had time to start working on recommendations from the Pharmacy Reviews.	D 400		
D 406	10A NCAC 13F .1009(b) Pharmaceutical Care 10A NCAC 13F .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow-up on medication review recommendations for 2 of 8 sampled residents (#6, #3) related to an eye drop for allergies (#6) and medications for itching and nausea, and an	D 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 406	Continued From page 156	D 406		

inhaler (#3).

The findings are:

1. Review of Resident #6's current FL2 dated 10/26/17 revealed:
-Diagnoses included hypertension, hypothyroidism, arthritis, and fibromyalgia.
-There were medication ordered including the following : Flonase 50 mcg nasal spray(used for allergies); Dexilant 30 mg (used for gastric reflux); hydrochlorthiazide 12.5 mg (used to treat high blood pressure); levothyroxine 112 mcg (used to treat hypothyroidism); oyster shell calcium (used to supplement calcium intake); Preservision Areds (a vitamin supplement used for the eyes and vision); Vistaril 25 mg (used for anxiety); Tramadol 50 mg (used for pain control); Tobrex 0.3% eye drops (used to treat eye irratations); Zyrtec 10 mg (used to treat allergies); and trazodone 200 mg (used to treat depression).

Review of Resident #6's record revealed a physician's order dated 11/24/17 for Pataday 0.2% ophthalmic drops, instill one drop in each eye daily. (Pataday drops are used to treat allergy symptoms like itching, red eyes).

Review of Resident #6's record revealed a form requesting physician intervention for a prior authorization for Resident #6's insurance company to pay for the Pataday. There was no documentation the form was completed by the physician.

Review of Resident #6's record revealed no order to discontinue Pataday drops.

Review of Resident #6's February and March 2018 Medication Administration Records (MARs)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 406	Continued From page 157	D 406		

revealed:
-An entry for Pataday 0.2% eye drops one drop in both eyes and scheduled for administration at 8:00 am daily.
-Pataday 0.2% eye drops were documented as administered daily from 02/01/18 to 03/05/18.

Observation of Resident #6's medication on hand for administration on 03/06/18 at 4:45 pm revealed no Pataday 0.2% ophthalmic drops were available for administration.

Review of Resident #6's pharmacy reviews revealed:
-There was a Pharmacy Review dated 11/06/17 documenting "MAR is reviewed and updated. All doctor's orders are reviewed and consistent w/ (with) MAR. No recommendations".
-There was a Pharmacy Review dated 02/20/18 documenting "All medications are consistent with doctor's orders. Pataday eye drops not covered by insurance. Recommend to discontinue or consider alternative".

Telephone interview on 03/06/18 at 5:19 pm with a representative of the contracted pharmacy revealed:
-The pharmacy had not dispensed any Pataday 0.2% eye drops for Resident #6 in February or March 2018.
-The pharmacy did not have an order to discontinued Pataday 0.2% eye drops for Resident #6, therefore the eye drops still appeared on the MARs for administration.

Refer to interview on 03/06/18 at 1:55 pm with the contracted pharmacy consultant completing the February 2018 pharmacy review.

Refer to interview on 03/06/18 at 7:25 pm with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 406	Continued From page 158 Executive Director (ED). 2. Review of Resident #3's FL-2 dated 1/20/18 revealed: -Diagnoses included hypoxia, hypokalemia, chronic obstructive pulmonary disease, diabetes, tachycardia, a history of right breast cancer, hypertension, and anxiety. -An order for anastrozole 1 mg tablet (chemotherapy drug used to prevent recurrence of breast cancer), take one tablet daily, aspirin enteric coated 81 mg tablet (used to prevent heart attack), give one tablet daily, losartan potassium 100 mg tablet (used to treat high blood pressure), give one tablet daily, and sertraline hcl 100 mg tablet (used to treat depression), give two tablets daily. -An order for spiriva handihaler 18 mcg inhaler capsules (used to treat chronic obstructive pulmonary disease), inhale one capsule daily, QVAR (beclomethasone dipropionate) inhaler (used to treat chronic obstructive pulmonary disorder), inhale one puff twice a day, and pro air albuterol 90 mcg inhaler (used to treat chronic obstructive pulmonary disease), inhale two puffs as needed every 4 hours for shortness of breath. -An order for metformin hcl 500 mg tablet (used to lower blood sugar), give one tablet daily with dinner, atorvastatin 20 mg (used to lower cholesterol), give one tablet daily at bedtime, diltiazem 24 hour extended release 240 mg tablet (used to treat high blood pressure), give one tablet twice a day, ranitidine 150 mg tablet (used to treat gastroesophageal reflux disease), give one half tablet twice a day, and spironolactone 50 mg tablet (a diuretic used to treat fluid retention), give one tablet daily, -An order for hydroxyzine hcl 10 mg tablet (used to treat itching), give one tablet as needed every	D 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 406	Continued From page 159 4 hours for itching, ondansetron hcl 8 mg tablet (used to treat nausea), give one tablet as needed every 8 hours for nausea, tylenol extra strength 500 mg tablet (used to treat pain), give one tablet as needed for pain, and delsym 12 hour cough syrup (used to suppress cough), give two teaspoons as needed every 12 hours for cough. Review of Resident #3's Resident Register revealed she was admitted to the facility on 05/17/2011. Review of Resident #3's pharmacy reviews revealed: -There was a Pharmacy Review dated 11/06/17 documenting "FL2 is current, signed and dated (2/2017) MAR is reviewed and updated. All doctor's orders are reviewed and consistent w/ (with) MAR. No current recommendations". A request for additional pharmacy reviews on 03/02/18 revealed the Executive Director supplied a fax dated 03/02/18 a 1:30 pm from the contracted pharmacy documenting, "pharmacy quarterly reviews at (facility name) was performed on 02/20/18. However, I held onto it till 03/02/18 because I was still waiting to hear from providers for few recommendations." Review of the pharmacy review faxed with the above note dated 02/20/18 revealed documentation "MAR is reviewed and updated. QVAR and Spiriva are not covered by insurance. Please consult doctor to see if patient needs to continue these medications or consider alternative." Refer to interview on 03/06/18 at 1:55 pm with the contracted pharmacy consultant completing the February 2018 pharmacy review.	D 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 406	Continued From page 160 Refer to interview on 03/06/18 at 7:25 pm with the Executive Director (ED). Interview on 03/06/18 at 1:55 pm with the contracted pharmacy consultant completing the February 2018 pharmacy review revealed: -She noticed a lot of discrepancies in medication orders and had planned to contact the residents' physicians to get the orders straightened out. Due to there being so many residents at the facility, she had not completed that process. -In November 2017, she was on-site at the facility to complete the November 2017 pharmacy reviews. Interview on 03/06/18 at 7:25 pm with the Executive Director (ED) revealed: -The Pharmacy Reviews were not sent to the ED until she requested them on 03/02/18. -The ED or the Assistant ED had not had time to start working on recommendations from the Pharmacy Reviews.	D 406		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by:	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 161 TYPE A2 VIOLATION Based on record reviews and interviews, the facility failed to assure allegations of verbal and physical abuse and neglect were reported to the Health Care Personnel Registry (HCPR) related to a Medication Aide (Staff B), who was verbally and physically abusive to multiple residents, failed to provide tracheostomy care to a resident as requested, and administer medications to another resident. The findings are: 1. Interview with a resident on 02/28/18 at 9:56 am revealed: -She was physically and verbally abused by Staff B. -She indicated on the night of 2/20/2018, Staff B and herself argued about her taking her medication in front of Staff B. She went into her room with her medication. Staff B followed grabbed both of her arms and twisted them attempting to get the medication cup from her. -Staff B threatened her and yelled at her "You're getting out of here", and ran out of the room and said the resident bite her thumb and twisted her arm. -"I did not bite her, and only grabbed her arm after she grabbed and twisted my arms". -Staff B called the police on her to have her involuntarily committed. -She reported the incident to the Assistant Executive Director when the resident returned to the facility the next day. Interviews with three residents revealed: -Staff B was very mean, and "makes me feel bad about myself". -Staff B did not administer medications on time.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 162 -Staff B had a nasty attitude and humiliated residents. -Staff B was not approachable so, the resident stayed out of her way and did not ask for help. -Staff B had gotten in a residents face on one occasion, screamed at a resident, and grabbed a residents arms and twisted them. Interview with multiple staff revealed: -Staff had reported concerns a few weeks ago regarding Staff B to the assistant Executive Director, but nothing happened. -Staff B yelled and argued with residents. -Staff had not observed Staff B hit residents, but they knew residents did not like the way Staff B treated them. -One resident complained to a staff a few weeks ago Staff B hurt her arm by twisting her arm. -The resident did not bite Staff B and that Staff B did not have any scratches on her arm. Telephone interview on 03/05/18 with Staff B at 12:06 pm revealed: -Staff B was the Medication Aide (MA) that worked 3rd shift. -She administered all medications for the residents on 3rd shift. -She was hired on 02/12/18. -She did not know multiple residents and multiple staff had complained about her behaviors and attitude. -In February 2018, she alleged a resident assaulted her by biting her thumb and grabbing her arms and twisting them. -There were other staff present during the altercation. -She called the Assistant Executive Director and the police to have to resident involuntarily committed -She thought residents may have complaints	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 163	D 438		

because she was very strict with medication administration and adhering to the policy of an hour before and an hour after the scheduled time.
-She had completed an incident report and was told it was in her personnel record.

Interview on 03/02/18 at 01:30 pm with the Assistant Executive Director revealed:
-She knew of the incident that occurred in February 2018 bwtween Staff B and a resident.
-She was not able to locate any incident reports.
-She had not reported the incident to HCPR.
-She did not know she should have reported the incidient to the HCPR.

Interview on 03/06/18 at 04:30 pm with the Assistant Executive Director revealed:
-She was informed by Staff B of the incident in February 2018 between Staff B and a resident.
-The policy was if any resident or staff was physically assaulted staff had to go to the courthouse and do an IVC on them.
-The policy was for staff to complete an incident report and submit it to the Assistant Executive Director.
-She had not reported the allegation regarding Staff B in February 2018 to the HCPR because she did not realize it was an allegation against Staff B, she believed the resident attacked the staff.
-The Executive Director was notified by Staff B about the incident but she did not remember when she was notified.
-The first time she heard that Staff B assaulted a resident was on 03/05/2018.

Interview on 03/06/18 at 12:38 pm with the Executive Director revealed:
-Yesterday (03/05/18), staff made her aware of an incident between a resident and Staff B a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 164 medication aide (Staff B) -Prior to yesterday, no one had made her aware of any concerns or issues regarding the medication aide (Staff B). -If the Assistant Executive Director knew about the incident, she did not share it with her. -She reviewed the camera and did not see anything regarding the incident. -She had previously consulted Staff B regarding the tone of her voice when communicating. -She did not report Staff B to the HCPR because the resident had not mentioned it to her. 2. Interview on 02/28/18 at 10:30 am with a second resident revealed: -He had lived at the facility since 03/23/18. -He went to the hospital in the evening of 02/27/18 after 9:00 pm and returned to the facility at 1:00 am on the morning of 02/28/18. -He went to the hospital because Staff B would not assist him as requested. -Around 8:00 pm, he asked Staff B to assist him with changing out his trach. -He was capable of changing the trach, but needed another person to help him wrap the band evenly around the back of his neck while he held the trach in place. -He did not change the trach every day. -This was the first time he needed assistance with the trach since he moved into the facility on 02/23/18. -When he moved into the facility he showed facility staff how to provide assistance. -On the evening of 02/27/18, the trach was irritating his wind pipe; felt as if it was coming out and he was having difficulty swallowing. -He asked Staff B to help him with his trach. -Staff B said that she was busy and he had to wait.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 165 -He waited an hour and called 911 to go to the hospital because he needed help with the trach. -When emergency responders arrived at the facility, he told Staff B they were there for him. -She asked him why did he call 911, because she was trained and certified to help him with his trach. -He also heard Staff B tell the emergency responders that there was nothing wrong with him, and she had told him that she was going to help him. -The emergency responders took him to the hospital and the trach was changed at the hospital. Review of the emergency medical responders report dated 02/27/18 at 9:21 pm revealed: -Resident #1 was having "trach issues." -Upon arrival at the facility, they found Resident #1 had a trachestomy. -He was having tracheostomy problems. -The resident was coughing a lot and having shortness of breath. Second interview on 03/05/18 at 5:40 pm with the resident revealed: -He was afraid of retaliation. -He wanted to tell the truth, which was Staff B was very nasty, rude and "horrible" to the residents. -He did call 911 to go to the hospital because Staff B would not help him. Interview on 03/02/18 at 2:32 pm with the Executive Director revealed: -The second resident had told her about the incident on 02/27/18 with Staff B, but stated it did not happen. -She did not report the incident to HCPR.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 166 3. Interview on 03/05/18 at 1:30 pm with a third resident revealed: -The medication aide (Staff B) on the night shift held her medications until 5:00 am and reported to the AED that she was drunk. -She did not drink alcohol and had never been drunk. -She was crying and could not sleep because she needed her medications. -Two weeks ago, Staff B not give her medications until 2:00 am. -Night medications were supposed to be given out at 8:00 pm. -Sometimes Staff B did not give medications until 10:00 or 11:00 pm. -When other medications aides worked, they always gave medications at 7:00 pm or 8:00 pm. -Last Tuesday (02/20/18), Staff B would not give her medications, and threatened her saying, "you may be big, but I ain't afraid of you, meet me outside at 8:15 am." -Staff B also made fun of the way she talked because she did not have teeth and she could not clearly pronounce some words. -She did not like when Staff B made fun of her speech. Interviews with three residents revealed: -Staff B "made me wait until after she administered medications to help me, so I call 911". -Other Medication Aides (MA) administered medications because Staff B did not want to help the resident or deal with the resident. -A third resident said one resident had seen Staff B have an attitude with the resident's roommate over the resident's medications. -Another resident stayed out of Staff B's way because the resident did not want Staff B to be ugly to him/her.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 167 - Staff B has been heard in the hallway screaming and fussing at residents about their medications. -Staff B was laughing about taking away a residents medication they needed. -A resident did not feel safe asking for medications when Staff B wa working. Interview on 03/06/18 at 12:38 pm with the Executive Director revealed: -She had not personally investigated the incidents with the second and third residents. -She had not contacted the healthcare personnel registry regarding Staff B. -The Ombudsman had reported to her last week concerns regarding Staff B. -She had spoke with Staff B and consulted her regarding the tone of her voice when communicating with the residents. -She had wrote something up, but did not give it to Staff B yet. _____ The facility failed to report resident abuse related to Staff B being verbally and physically abusive by holding both wrists of a resident while yelling, withholding a resident's medications, and not providing assistance when needed to a resident with a tracheostomy. The failure to report Staff B to the HCPR within 24 hours of knowledge of the incidents resulted in substantial risk of further abuse and neglect, which constitutes a Type A2 Violation. _____ The facility provided the following Plan of Protection on 03/06/18: -Staff B was taken off the schedule on 03/06/18 pending the facility's investigation. -All allegations of abuse will be documented and reported to the Health Care Personnel Registry within 24 hours, and followed by an investigation within 5 days.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 168 -The Executive Director will ensure all incidents are properly documented and reviewed daily as they occur. -The Executive Director will submit documents and follow-up with the the appropriate parties per occurrences as necessary per incident. -All staff will report concerns, complaints, allegations of abuse and behaviors of misconduct directly to the Executive Director. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 21 2018.	D 438		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff qualifications, controlled substance, infection prevention requirements, and medication aide competency and training. The findings are: 1. Based on record reviews and interviews the	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 169	D912		

facility failed to assure 4 of 9 staff sampled (Staff B, C, F and H) had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. [Refer to Tag 0139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation)].

2. Based on observations, interviews, and record reviews, the facility failed to assure records of the receipt and administration of controlled substances were maintained, accurate and reconciled for 4 of 8 residents sampled (#5, #6, #7, and #8) who were prescribed controlled substances including hydrocodone/acetaminophen and lorazepam (#6), Percocet (#5), and alprazolam (#7), and hydrocodone/acetaminophen (#8). [Refer to Tag 0392 10A NCAC 13F .1008 Controlled Substance (Type B Violation)].

3. Based on observations, interviews, and record reviews, the facility failed to implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 4 of 5 diabetic residents sampled (Residents #5, #11, #12, and #13) with orders for blood sugar monitoring resulting in sharing of glucometers between residents. [Refer to Tag 932 G.S. 131D-4.4A(b) Ach Infection Prevention Requirements (Type B Violation)].

4. Based on observations, interviews, and record reviews, the facility failed to assure 3 of 6 staff sampled (Staff A, B, F), who administered medications, had employment verification, completed the 5-10-15 hour state approved medication administration training courses as required, or had a Medication Clinical Skills

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 170 Competency checklist completed prior to administering medications. [Refer to Tag 935 G.S. 131D-4.5B(b) Ach Medication Aide; Training and Competency (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents were free of abuse, neglect, and exploitation as related to supervision, medication administration, health care personnel registry, resident rights' and implementation. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to assure 1 of 6 sampled residents (Resident #4) was free of verbal abuse and inappropriate sexual behaviors by another resident; and 3 of 6 residents (#1, #2, and #11) were free of physical abuse, verbal abuse, and neglect by a staff (Staff B) regarding Staff B not helping a resident (#1) with tracheotomy care, Staff B twisting a resident's arms (#2), and verbal abuse toward another resident (#11) by Staff B. [Refer to Tag 338 10A NCAC 13F .0909 Resident Rights (Type A1 Violation)]. 2. Based on observations, interviews and record reviews, the administrator failed to ensure that the management, operations, and policies of the	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D914	Continued From page 171 facility were developed and implemented to maintain each resident rights' related to housekeeping and furnishings, test for tuberculosis, other staff qualifications, licensed health professional support, competency validation, training on the care diabetic residents, training on cardio-pulmonary resuscitation, tuberculosis test for residents, personal care and supervision, health care referral, health care implementation, nutrition and food service, residents rights, medication administration, controlled substance, pharmacy services, health care personnel registry, infection control, and medication aide competency and training. [Refer to Tag 980, G.S. 131D-25 Implementation (Type A1 Violation)]. 3. Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 7 sampled residents who had a history of sexually inappropriate behavior toward other residents since admission and was placed in a room with another resident who could not verbally communicate effectively. [Refer to Tag 0270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A2 Violation)]. 4. Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by a licensed practicing practitioner for 5 of 8 sampled residents (Residents #4, #5, #6, #8 and #10) with physician's orders for lisinopril (#4) Percocet and Advair (#5), Pataday opthalmic drops and hydrocodone/acetaminophen (#6), hyrocodone/acetaminophen (#8) and with omissions in administration of digoxin, flomax, ranitidine, aspirin, and multivitamin (#10). [Refer to Tag 0358, 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)].	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D914	Continued From page 172 5. Based on record reviews and interviews, the facility failed to assure allegations of verbal and physical abuse and neglect were reported to the Health Care Personnel Registry (HCPR) related to a Medication Aide (Staff B), who was verbally and physically abusive to multiple residents, failed to provide tracheostomy care to a resident as requested, and administer medications to another resident. [Refer to Tag 0438 10A NCAC 13F .1205 Health Care Personnel Registry (Type A2 Violation)].	D914		
D917	G.S. 131D-21(7) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to respond to residents' request to provide second helpings resulting in residents being hungry. The findings are: Interviews with 18 residents revealed: -Sometimes meals consisted of soup and crackers or a sandwich, which was not enough food. -Residents were told "no" if they asked for second helpings of the meal. -Staff told residents they could not have more food to eat. -The residents had observed food in plates on the counter in the kitchen. -The residents saw staff in the dining room eating	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D917	Continued From page 173	D917		

the food that was left.
-The staff got to eat as much food as they desired, but the residents were hungry.
-Sometimes they were hungry when they went to bed.
-They were served snacks, around 3:00 pm and 8:00 pm at night.
-The snacks were usually two cookies or 2 graham crackers.
-The snack were not enough and did not take the place of a meal.
-They were still hungry and sometimes told the Assistant Executive Director, but she did nothing, so they stopped reporting their concerns to her.
-They were told they could not have seconds because there was not enough food.
-Three different residents said the "food is not great, but I would like more of it."

Observation on 02/28/18 at 5:43 pm of the dinner meal revealed:
-There were 51 residents present for the meal.
-The meal consisted of hamburger, fries, baked beans, and lemon pudding.
-One resident asked for a second hamburger and was told by the cook there were no more hamburgers left.
-There was one hamburger sitting on a tray in the kitchen.

Observation on 03/01/18 between 8:00 am to 9:00 am of the breakfast meal revealed:
-There were 53 residents present for the breakfast meal.
-At 8:36 am, the dietary aide came out of the kitchen and announced to the residents in the dining room "no seconds for anybody, no seconds."

Observation on 02/28/18 at 9:22 am of the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D917	Continued From page 174 dry and can food storage, freezer and refrigerator revealed: -There were 6 cans with 24 serving each of green beans, green peas, baked beans, 5 cans of carrots with 24 servings, and 26 various cans of fruit with 24 servings per can. -The refrigerator had one gallon of 2% milk, ten gallons of orange juice, thirty-six gallons of whole milk, ten each 64 ounce containers of apple juice, eight gallons of cranberry juice blend, and eighteen cartons of eggs with eighteen eggs in each carton. -In the freezer there were three cartons of hamburger with thirty-six hamburger patties in each carton, thirteen bags of various chicken parts, and multiple servings of other meats and bread. Interview on 03/01/18 at 8:39 am with the cook revealed: -He cooked just enough food at the breakfast meal for each resident to get one serving of the meal. -The Administrator told him to make enough for each resident to get one serving of the meal. -The Administrator watched him on the camera and if he had extra food left over she called him and asked why he cooked extra. -He told her that he did not cook extra, but sometimes residents did not come to the dining room for the meal. -Today, he only had enough food left to give 1 -2 people food, but the personal care aides told him that some residents had not yet come to the dining room for the meal. -He had to save the food for those residents, and did not have enough to give residents seconds. -He told the dietary aide to announce no seconds would be served. -The Administrator was in the building one day a	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D917	Continued From page 175 week. Interview on 03/01/18 at 2:34 pm with the Administrator revealed: -She told the cook not to serve diabetic residents seconds of the meal because they needed to control their intake, so they did not have to go to the hospital because their sugar was high. -She told the cook to only have a little bit left over from every meal. -Today, she would make sure the cook prepared enough food for residents to get seconds of the meal.	D917		
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 176 home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 4 of 5 diabetic residents sampled (Residents #5, #11, #12, and #13) with orders for blood sugar monitoring resulting in sharing of glucometers between residents.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 177 The findings are: Observation on 03/02/18 at 11:30 am revealed: -The facility had 2 medication carts containing residents' glucometers. -The medication carts had glucometer pouches labeled with resident's name. -The glucometer pouches contained glucometers (Brand A and Brand B) labeled with a corresponding resident's name and some of which were not labeled with a resident's name. Review of the CDC (Center for Disease Control and Prevention) guidelines for infection control revealed the CDC recommends blood glucose monitoring devices (glucometers) should not be shared between residents. If the glucometer is to be used for more than one person, it should be cleaned and disinfected per the manufacturer's instructions. If the manufacturer does not list disinfection information, the glucometer should not be shared between residents. Telephone interview on 03/02/18 at 1:05 pm with the manufacturer of the Brand A glucometer revealed the glucometer was not recommended for use by a more than one person. No disinfection procedures were recommended. Telephone interview on 03/02/18 at 1:10 pm with the manufacturer of the Brand B glucometer revealed the glucometer was recommended for use by a single person and should not be shared. No disinfection procedures were recommended. Interview on 03/02/18 at 2:00 pm with the Executive Director (ED) and Assistant Executive Director revealed: -The facility had 17 residents receiving finger	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 178	D932		

stick blood sugar (FSBS) checks.
-One resident had a diagnosis of a blood borne pathogen disease.

1. Review of Resident #13's current FL2 dated 05/04/17 revealed diagnoses included type 2 diabetes mellitus.

Review of Resident #13's physician orders revealed an order dated 11/09/17 to measure fingerstick blood sugar (FSBS) once daily or three times a day if symptomatic.

Observation on 03/02/18 at 11:50 am of Resident #13's black glucometer pouch revealed:
-The pouch was labeled with Resident #13's name.
-The Brand A glucometer located in the pouch was not labeled with the resident's name.
-The date was set correctly for 03/02/18 but the time was set one hour later than the actual time.

Review of Resident #13's February 2018 Medication Administration Record (MAR) revealed:
-There was an entry to check FSBS in the morning daily scheduled for 8:00 am.
-FSBS value were documented daily at 8:00 am with a FSBS range from 94 to 142.

Review of Resident #13's Brand A glucometer's history revealed:
-FSBS values recorded in the glucometer's history compared to values documented on Resident #13's February 2018 MAR were inconsistent for values documented on the MAR.
-FSBS values documented on Resident #13's February MAR were not recorded in Resident #13's glucometer's history.
-Resident #13's glucometer's history had days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 179 when multiple FSBS values were recorded in a short period of time. Examples of multiple FSBS values recorded in the glucometer labeled with Resident #13's name within a short period of time were as follows: -On 02/25/18 at 7:31 am, a FSBS reading of 104; at 7:34 am, a FSBS reading of 226, both not corresponding to the FSBS value documented on Resident #13's MAR and at 7:34 am, a FSBS reading of 137, corresponding to the FSBS value documented on Resident #13's MAR. -On 02/24/18 at 7:35 am, a FSBS reading of 86, not corresponding to the FSBS value documented on Resident #13's MAR; and at 7:17 am, a FSBS reading of 102, corresponding to the FSBS value documented on Resident #13's MAR. -On 02/02/18 at 7:13 am, a FSBS reading of 107; at 7:12 am, a FSBS reading of 165; at 7:11 am, a FSBS reading of 482; at 7:09 am, a FSBS reading of 167; and another reading at 7:08 am, a FSBS reading of 101, all not corresponding to the FSBS value documented on Resident #13's MAR. -On 02/02/18 at 7:07 am, a FSBS reading of 107; and at 7:04 am, a FSBS reading of 229, both not corresponding to the FSBS value documented on Resident #13's MAR. -On 02/02/18 at 7:00 am, a FSBS reading of 227; at 6:58 am, a FSBS reading of 232; at 6:56 am, a FSBS reading of 163; at 6:54 am, a FSBS of 94; at 6:53 am, a FSBS of 374; and at 6:48 am, a FSBS of 185, all not corresponding to the FSBS value documented on Resident #13's MAR. Based on review of Resident #13's Brand A glucometer's history compared to the MAR for February 2018, Resident #13 had 22 FSBS values documented on the MAR and not recorded in the glucometer's history from 2/3/18 to 2/28/18. There were 22 additional FSBS values recorded	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 180 in Resident #13's glucometer's history that were not documented on the resident's MAR. Interview on 03/05/18 at 3:58 pm with Resident #13 revealed: -She did not know what brand of glucometer was used to check her FSBS. -She did not pay attention to the FSBS process provided by staff. -She thought the medication aides used the proper equipment to check her FSBS. Refer to interview on 03/02/18 at 1:30 pm with the Executive Director. Refer to interview on 03/02/18 at 1:40 pm with the Assistant Executive Director. Refer to interview on 03/02/17 at 5:05 pm with a medication aide (MA). Refer to interview on 03/05/17 at 4:25 pm with a second MA. 2. Review of Resident #11's current FL2 dated 10/27/17 revealed: -Diagnoses included type 2 diabetes mellitus. -A physician's order to check fingerstick blood sugar (FSBS) two times a day. Observation on 03/02/18 at 12:15 pm of Resident #11's black glucometer pouch revealed: -The pouch was labeled with Resident #11's name. -The Brand A glucometer was labeled with the resident's name. -The date was set correctly for 03/02/18 but the time was set one hour and 15 minutes later than the actual time.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 181 Review of Resident #11's February 2018 Medication Administration Record (MAR) revealed: -There was an entry to check FSBS before breakfast, at 7:00 am daily, and at 8:00 pm daily. -FSBS value were documented 2 times daily, at 7:00 am with a FSBS range from 101 to 317, and at 8:00 pm with a FSBS range from 110 to 222. Review of Resident #11's Brand A glucometer's history revealed: -FSBS values recorded in the glucometer's history compared to values documented on Resident #11's February 2018 MAR were inconsistent for values documented on the MAR. -FSBS values documented on Resident #11's February 2018 MAR were not recorded in Resident #11's glucometer's history. -Resident #11's glucometer's history had days when multiple FSBS values were recorded in a short period of time. Examples of multiple FSBS values recorded in the glucometer labeled with Resident #11's name within a short period of time were as follows: -On 02/25/18 at 7:13 am, a FSBS reading of 152, corresponding to the FSBS value documented on Resident #11's MAR; and 2 additional reading at 7:08 am, a FSBS reading of 127, and at 7:06 am, a FSBS reading of 93, not corresponding to the FSBS value documented on Resident #11's MAR. -On 02/24/18 at 11:30 pm, a FSBS reading of 292; at 11:07 pm, a FSBS reading of 381; and at 10:27 pm, a FSBS reading of 294, all not corresponding to the FSBS values documented on Resident #11's MAR. -On 02/17/18 at 6:53 am, a FSBS reading of 134; at 6:46 am, a FSBS reading of 120; and at 6:41 am, a FSBS reading of 89, all not corresponding to the FSBS value documented on Resident #11's	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 182 MAR. -On 02/17/18 at 6:34 am, a FSBS reading of 110; at 6:32 am, a FSBS reading of 279; at 6:28 am, a FSBS reading of 96; at 6:22 am, a FSBS reading of 101; at 6:17 am, a FSBS reading of 277; at 6:13 am,, a FSBS reading of 136; and at 6:12 am a FSBS of 94, all not corresponding to the FSBS value documented on Resident #11's MAR. Review of Resident #11's Brand A glucometer's history compared to the MAR for February 2018 revealed: -Resident #11 had 11 FSBS values documented on the MAR and not recorded in the glucometer's history from 2/11/18 to 2/28/18 at 8:00 am. -Resident #11 had 18 FSBS values documented on the MAR and not recorded in the glucometer's history from 2/11/18 to 2/28/18 at 8:00 pm. -There were 15 additional FSBS values recorded in Resident #11's glucometer's history that were not documented on the resident's MAR from 2/11/18 to 2/28/18. Interview on 03/05/18 at 3:58 pm with Resident #11 revealed: -She did not know what brand of glucometer was used to check her FSBS. -Staff alternated fingers to check her FSBS. -She thought the MAs used the proper equipment to check her FSBS. Refer to interview on 03/02/18 at 1:30 pm with the Executive Director. Refer to interview on 03/02/18 at 1:40 pm with the Assistant Executive Director (. Refer to interview on 03/02/17 at 5:05 pm with a medication aide (MA).	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 183 Refer to interview on 03/05/17 at 4:25 pm with a second MA. 3. Review of Resident #5's current FL2 dated 02/07/18 revealed diagnoses included type 2 diabetes mellitus with polyneuropathy, and a history of Hepatitis C. Review of Resident #5's physician orders revealed an order dated 02/08/18 to check fingerstick blood sugars (FSBS) two times a day. Observation on 03/02/18 at 1:44 pm of Resident #5's black glucometer pouch revealed: -The pouch was labeled with Resident #13's name. -The Brand A glucometer was labeled with the resident's name. -The date was set correctly for 03/02/18 but the time was set one hour earlier than the actual time. Review of Resident #5's February 2018 Medication Administration Record (MAR) revealed: -There was an entry to check FSBS 2 times daily, in the morning and at bedtime daily scheduled for 8:00 am, and 8:00 pm. -The FSBS range was from 94 to 237 at 8:00 am, and from 101 to 340 at 8:00 pm. Review of Resident #5's Brand A glucometer's history revealed: -FSBS values recorded in the glucometer's history compared to values documented on Resident #5's February 2018 MAR were inconsistent for values documented on the MAR. -FSBS values documented on Resident #5's February MAR were not recorded in Resident #5's glucometer's history.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 184 -Resident #5's glucometer's history had days when multiple FSBS values were recorded in a short period of time. Examples of multiple FSBS values recorded in the glucometer labeled with Resident #5's name within a short period of time were as follows: -On 02/18/18 at 6:41 am, a FSBS reading of 110; at 6.34 am, a FSBS reading of 119; and at 6:31 am, a FSBS reading of 322, all not corresponding to the FSBS values documented on Resident #5's MAR. -On 02/18/18 at 6:29 am, a FSBS reading of 123, that corresponded to the FSBS value documented on Resident #5's MAR at 8:00 am. Interview on 03/05/18 at 4:10 pm with Resident #5 revealed: -She did not know what brand of glucometer was used to check her FSBS. -Staff checked her FSBS, but most of the time she did not look at the glucometer. -The staff should be using the resident's glucometers for testing her sugar. Refer to interview on 03/02/18 at 1:30 pm with the Executive Director. Refer to interview on 03/02/18 at 1:40 pm with the Assistant Executive Director. Refer to interview on 03/02/17 at 5:05 pm with a medication aide (MA). Refer to interview on 03/05/17 at 4:25 pm with a second MA. 4. Review of Resident #12's current FL2 dated 10/16/17 revealed diagnoses included type 2 diabetes mellitus.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 185 Review of Resident #12's physician orders revealed an order dated 10/16/17 to check fingerstick blood sugar (FSBS) daily. Observation on 03/02/18 at 12:00 pm of Resident #12's black glucometer pouch revealed: -The pouch was labeled with Resident #12's name. -The Brand B glucometer was labeled with the resident's name. -The date was set correctly for 03/02/18 but the time was set one hour earlier than the actual time. Review of Resident #12's Brand B glucometer's history revealed: -Resident #12's glucometer's history had multiple days when no FSBS values were recorded in the glucometer's history. -There were FSBS values recorded in the glucometer's history compared to values documented on Resident #12's February 2018 MAR that were inconsistent for values documented on the MAR. Review of Resident #12's February 2018 Medication Administration Record (MAR) revealed: -There was an entry to check FSBS in the morning daily scheduled for 6:00 am. -There were FSBS values were documented daily with a FSBS range from 84 to 142. -A FSBS value of 122 was documented on the MAR for 02/24/18 at 6:00 am, with a FSBS value of 135 recorded in Resident #12's glucometer's history corresponding to 02/24/18 at 6:00 am. -A FSBS value of 110 was documented on the MAR for 02/11/18 at 6:00 am, with a FSBS value of 216 recorded in Resident #12's glucometer's	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 186 history corresponding to 02/11/18 at 6:00 am. Examples of FSBS values documented on Resident #12's February 2018 MAR at 6:00 am and not recorded in Resident #12's glucometer's history were as follows: -On 02/27/18, FSBS of 92 documented on the MAR, no FSBS value recorded in the glucometer's history. -On 02/26/18, FSBS of 107 documented on the MAR, no FSBS value recorded in the glucometer's history. -On 02/25/18, FSBS of 84 documented on the MAR, no FSBS value recorded in the glucometer's history. -On 02/20/18, FSBS of 118 documented on the MAR, no FSBS value recorded in the glucometer's history. -On 02/18/18, FSBS of 109 documented on the MAR, no FSBS value recorded in the glucometer's history. Based on review of Resident #12's Brand B glucometer's history compared to the MAR for February 2018, Resident #12 had 21 FSBS values at 6:00 am documented on the MAR and not recorded in the glucometer's history from 02/01/18 to 2/28/18. There were 5 FSBS values recorded in Resident #12's glucometer's history that were documented at 6:00 am on the resident's February 2018 MAR and 2 FSBS values documented on the MAR that did not match the FSBS value recorded in the resident's glucometer's history for the corresponding 6:00 am time. Interview on 03/05/18 at 4:07 pm with Resident #12 revealed: -She did not look at the brand of glucometer used to check her FSBS.	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 187 -She thought the MAs to use the proper equipment to check her FSBS. Refer to interview on 03/02/18 at 1:30 pm with the Executive Director (ED). Refer to interview on 03/02/18 at 1:40 pm with the Assistant Executive Director. Refer to interview on 03/02/17 at 5:05 pm with a medication aide (MA). Refer to interview on 03/05/17 at 4:25 pm with a second MA. _____ Interview on 03/02/18 at 1:30 pm with the Executive Director (ED) revealed: -The facility policy was one glucometer assigned to a resident and no sharing glucometers between residents. -The medication aide on duty was responsible to assure each resident had an assigned glucometer and the glucometer was in working order. -She did not know staff were sharing glucometers between residents. Interview on 03/02/18 at 1:40 pm with the Assistant Executive Director revealed: -Each resident was assigned their own glucometer. -Staff should not be sharing glucometers between residents. -The facility did not have a system in place to routinely audit fingerstick blood sugar (FSBS) values recorded in the residents' glucometer history compared to FSBS values documented on the residents' medication administration records (MARs). -The Assistant Executive Director did not know	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 188 staff were sharing glucometers between residents. Interview on 03/02/17 at 5:05 pm with a medication aide (MA) revealed: -She routinely worked the day shift. -She obtained FSBS checks for residents scheduled at 12:00 pm (noon) and at dinner time (5:00 pm). -The facility policy was for each resident to have an assigned glucometer. -The facility policy was never to share a glucometer between residents. -The MA was supposed to notify the shift supervisor if a resident did not have a functioning glucometer. -She had diabetic training by the contracted pharmacy representative. -She had received the mandatory State training on infection control within the last year. -She wiped residents' glucometers with alcohol wipes when the glucometer was visibly soiled. Interview on 03/05/17 at 4:25 pm with a second MA revealed: -She used to work the evening shift from 7:00 pm to 7:00 am. -During that shift, she routinely checked FSBS for residents with scheduled times at 8:00 pm and 8:00 am. -She did not know of any staff member sharing glucometers between residents. -She had not had an occasion to share glucometers between residents. The facility's failure to implement infection control procedures consistent with the federal Center for Disease Control (CDC) guidelines placed residents receiving finger stick blood sugar checks with glucometers shared between	D932		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	Continued From page 189 residents at risk due to possible exposure of blood borne pathogens diseases for Residents #5, #11, #12, and #13. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. Review of the facility's Plan of Protection dated 03/02/18 revealed: -The facility staff will identify residents who receive fingerstick blood sugar checks with a glucometer. -The glucometers will be replaced with new glucometers. -The staff are to be in-serviced immediately on the policy and procedures for fingerstick blood sugar testing and infection control. -Glucometers will be labeled with a permanent marker. -The Executive Director and Assistant Executive Director will create a monitoring log with resident's name and serial number of the assigned glucometer as a backup to assure the glucometers can be identified for assigned resident. -Quality assurance checks will be conducted daily for one week, tapering down to weekly, then monthly depending on the progress; this will be done by the ED and Assistant Executive Director. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, APRIL 21, 2018.	D932		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 190 (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 191 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure 3 of 6 staff sampled (Staff A, B, F), who administered medications, had employment verification, completed the 5-10-15 hour state approved medication administration training courses as required, or had a Medication Clinical Skills Competency checklist completed prior to administering medications. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 05/25/17 as a medication aide. -Staff A passed the written medication aide exam on 07/27/11. -There was no documentation of employment verification showing Staff A worked as a medication aide within the past 24 months. -There was documentation Staff A completed the 5 hour medication aide training on 08/04/17. -There was no documentation Staff A completed the 10 hour or 15 hour medication aide training. -There was documentation Staff A completed the Medication Clinical Skills Competency checklist on 08/03/17. Review of the December 2017, January 2018, February 2018, and March 2018 Medication Administration Records revealed Staff A documented adminstration of medications to residents. Attempted interview with Staff A on 03/06/18 at 5:49 pm was unsuccessful.	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 192 Refer to interview with the Executive Director on 03/06/18 at 7:36 pm. 2. Review of Staff B's personnel record revealed: -Staff B was hired on 02/12/18 as a medication aide. -Staff B passed the written medication aide exam on 04/28/16. -There was no documentation of employment verification showing Staff B worked as a medication aide within the past 24 months. -There was no documentation Staff B completed the 5-10-15 hour medication aide training. -There was documentation Staff B completed the Medication Clinical Skills Competency checklist on 02/12/18. Review of the February and March 2018 Medication Administration Records revealed Staff B documented adminstration of medications to residents. Interview with Staff B on 03/07/17 at 10:27 am revealed she administered medication to the residents. Refer to interview with the Executive Director on 03/06/18 at 7:36 pm. 3. Review of Staff F's personnel record revealed: -There was documentation of hire in February 2018, but no documentation of an exact date of hire. -Staff F was hired as a medication aide. -There was documentation Staff F had completed the 15 hour state approved medication administration course on 02/17/18. -There was no documentation of employment verification to show Staff F worked as a	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 193	D935		

medication aide in the past 24 months.
-There was no documentation Staff F had medication administration clinical skills checklist that validated medication administration competency.
-There was no documentation Staff F had taken and passed the medication aide examination.

Attempted telephone interview on 03/07/18 at 3:41 pm and 4:00 pm with Staff F was unsuccessful.

On 03/06/18 at 4:45 pm the Executive Director provided documentation of a medication administration clinical skills checklist dated 02/12/18.
-The document was signed by a registered nurse.

Interview on 03/06/18 at 5:43 pm with the registered nurse revealed:
-She reviewed the signature on the medication administration clinical skills checklist with Staff F's name, and it was not in her hand writing.
-Staff F was a male, and she had not supplied any training to a male staff at the facility.
-At her trainings, all staff were required to sign-in, and she kept the sign-in sheets for her records.
-She reviewed her records of trainings provided and did not see Staff F's name listed for any trainings that she provided.
-She was not sure how her name got on the document, but she did not provide the training or sign the document.

Interview on 03/06/18 at 7:36 pm with the Executive Director revealed:
-Staff F started working at the facility in February 2018.
-She was unable to recall Staff F's exact hire date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 194 -Staff F was hired as a medication aide and had been working on the medication cart. -There was a lot of documents in her office to be filed. -She did not know when Staff F was trained. -The Assistant Executive Director hired Staff F and was responsible to ensure Staff F received the required training. Interview on 03/06/18 at 8:03 pm with the Assistant Executive Director revealed: -Staff F was hired in February 2018; right now she could not recall the exact date. -A nurse provided training, but she could not recall when the training was provided. -She thought Staff F had the required training. Refer to interview with the Executive Director on 03/06/18 at 7:36 pm. Interview on 03/06/18 at 7:36 pm with the Executive Director revealed: -It was the Assistant Executive Director responsibility to ensure all staff had the required training. -The facility currently did not have a system in place to track and ensure all staff received training. -There was system to track training obtained or training still needed. The facility failed to assure three medication aides had received proper medication administration training and skills validation prior to assuming unsupervised medication aide duties, including insulin administration, which placed all residents at the facility at risk for medication errors. The facility's failure was detrimental to the health and safety of the residents and constitutes a Type B Violation.	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 195 The facility provided the following Plan of Protection on 03/06/17: -Immediately, the medication aides in question were removed from the medication cart until documentation or verification trainings were obtained. -Quality assurance checks will be performed on all personnel records monthly by the Executive Director and Assistant Executive Director. -The Executive Director and Assistant Executive Director will ensure all required trainings were completed prior to staff starting work. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 21, 2018.	D935		
D980	G.S. § 131D-25 Implementation G.S. 131D-25 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21. This Rule is not met as evidenced by: Type A1 VIOLATION Based on observations, interviews and record reviews, the administrator failed to ensure that the management, operations, and policies of the facility were developed and implemented to maintain each resident rights' related to housekeeping and furnishings, test for tuberculosis, other staff qualifications, licensed	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 196	D980		

health professional support, competency validation, training on the care diabetic residents, training on cardio-pulmonary resuscitation, tuberculosis test for residents, personal care and supervision, health care referral, health care implementation, nutrition and food service, residents rights, medication administration, controlled substance, pharmacy services, health care personnel registry, infection control, and medication aide competency and training.

The findings are:

Interview on 03/01/18 at 1:38 pm with the Executive Director (ED)revealed:
-She had worked at the facility since November 2017.
-She was in charge when the Administrator was not in the building.
-The facility's management structure was as follows:
-The medication aides, personal care aides, housekeeping and food service staff reported to the medication aide/supervisor.
-The medication aide/supervisor reported to the assistant executive director.
-The Assistant Executive Director (AED) reported to her, the ED.
-She reported directly to the Administrator.
-The Administrator was in the facility 1-2 times per week.
-She was at the facility daily from 10:00 am to 5:00 pm.
-She did not understand why residents were saying they did not see her (ED) in the facility every day.
-The AED was in the facility more often and worked varied shifts.

Interviews with 12 residents revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 197 -The ED was rarely in the building. -She visited 1-2 times per week. -The Administrator was in the facility once a week. -The AED was in the facility almost daily, and worked varied shifts. -Four different residents stated they previously reported concerns to the AED, which sometimes helped, but most of the time, she did nothing so they stop reporting concerns. -Residents stated if there was a problem they did not know who to report concerns to. Interviews with two staff revealed: -The Administrator was in the building maybe once a week. -The ED was in the facility 1-2 days per week. -If there were concerns they reported them to the ED or the AED. Interview on 03/01/18 at 5:38 pm with the Administrator revealed she was not at the facility every day, but watched the staff and residents from the video cameras. -She was able to see the main hallways and the kitchen. -The video camera did not have sound, but she was able to see interactions between staff and residents. -She was able to see if staff performed job duties. Non-compliance was identified in the following rule areas: 1. Based on observations, interviews, and record reviews, the facility failed to assure 1 of 6 sampled residents (Resident #4) was free of verbal abuse and inappropriate sexual behaviors by another resident; and 3 of 6 residents (#1, #2, and #11) were free of physical abuse, verbal	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 198 abuse, and neglect by a staff (Staff B) regarding Staff B not helping a resident (#1) with tracheotomy care, Staff B twisting a resident's arms (#2), and verbal abuse toward another resident (#11) by Staff B. [Refer to Tag 338 10A NCAC 13F .0909 Resident Rights (Type A1 Violation)]. 2. Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by a licensed practicing practitioner for 5 of 8 sampled residents (Residents #4, #5, #6, #8 and #10) with physician's orders for lisinopril (#4) Percocet and Advair (#5), Pataday opthalmic drops and hydrocodone/acetaminophen (#6), hyrocodone/acetaminophen (#8) and with omissions in administration of digoxin, flomax, ranitidine, aspirin, and multivitamin (#10). [Refer to Tag 0358 10A NCAC 13F .1004(a) Medication Administration (Type A2 Violation)]. 3. Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 7 sampled residents who had a history of sexually inappropriate behavior toward other residents since admission and was placed in a room with another resident who could not verbally communicate effectively. [Refer to Tag 0270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A2 Violation)]. 4. Based on record reviews and interviews, the facility failed to assure allegations of verbal and physical abuse and neglect were reported to the Health Care Personnel Registry (HCPR) related to a Medication Aide (Staff B), who was verbally and physically abusive to multiple residents, failed to provide tracheostomy care to a resident as requested, and administer medications to another	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 199	D980		

resident. [Refer to Tag 0438 10A NCAC 13F .1205 Health Care Personnel Registry (Type A2 Violation)].

5. Based on observations, interviews, and record reviews, the facility failed to implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines to assure proper infection control procedures for the use of glucometers for 4 of 5 diabetic residents sampled (Residents #5, #11, #12, and #13) with orders for blood sugar monitoring resulting in sharing of glucometers between residents. [Refer to Tag 932 G.S. 131D-4.4A(b) Ach Infection Prevention Requirements (Type B Violation)].

6. Based on observations, interviews, and record reviews, the facility failed to assure records of the receipt and administration of controlled substances were maintained, accurate and reconciled for 4 of 8 residents sampled (#5, #6, #7, and #8) who were prescribed controlled substances including hydrocodone/acetaminophen and lorazepam (#6), Percocet (#5), and alprazolam (#7), and hydrocodone/acetaminophen (#8). [Refer to Tag 0392 10A NCAC 13F .1008 Controlled Substance (Type B Violation)].

7. Based on record reviews and interviews the facility failed to assure 4 of 9 staff sampled (Staff B, C, F and H) had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. [Refer to Tag 0139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation)].

8. Based on observations, interviews, and record reviews, the facility failed to assure 3 of 6 staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 200	D980		

sampled (Staff A, B, F), who administered medications, had employment verification, completed the 5-10-15 hour state approved medication administration training courses as required, or had a Medication Clinical Skills Competency checklist completed prior to administering medications. [Refer to Tag 935 G.S. 131D-4.5B(b) Ach Medication Aide Training (Type B Violation)].

9. Based on observations, interviews, and record reviews, the facility failed to contact the healthcare provider for 1 of 6 residents sampled (#5) who had severe pain. [Refer to Tag 0273 10A NCAC 13F .0902(b) Health Care (Standard Deficiency)].

10. Based on observations, interviews, and record reviews, the facility failed to implement physicians' orders for 2 of 6 sampled residents (#6 and #3) regarding an order to obtain weekly weights. [Refer to Tag 0276 10A NCAC 13F .0902(c)(3-4) Health Care (Standard Deficiency)].

11. Based on observations and interviews, the facility failed to assure 1 of 2 common bathrooms on the 300 hall had walls and floors that were kept clean and free of mold and mildew. [Refer to Tag 074 10A NCAC 13F .0306(a)(1) Housekeeping and Furnishings (Standard Deficiency)].

12. Based on record reviews and interviews the facility failed to assure 2 of 9 sampled staff (Staff F and H) were tested upon hire for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag 131 10A NCAC 13F .0406(a) Test for Tuberculosis (Standard Deficiency)].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 201 13. Based on observations, record reviews, and interviews, the facility failed to assure non-disposable place settings for beverages were used for 21 residents residing in the facility. [Refer to Tag 0287 10A NCAC 13F .0904(b)(2) Nutrition and Food Service (Standard Deficiency)]. 14. Based on observations, interviews, and record reviews, the facility failed to assure 3 of 5 residents (#9, #3, and #2), with orders for therapeutic diets for chopped meats and thickened liquids (#9), no concentrated sweets (NCS) diet and nutritional supplement (#3), and nutritional supplements (#2) were served as ordered. [Refer to Tag 0310 10A NCAC 13F .0904(e)(4) Nutrition and Food Service (Standard Deficiency)]. 15. Based on observations, interviews and record reviews, the facility failed to respond to residents' request to provide second helpings resulting in residents being hungry. [Refer to Tag 917 G.S. 131D-21(7) Residents Rights (Standard Deficiency)]. 16. Based on observations, interviews, and record reviews, the facility failed to ensure no substantiated findings were listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire for 1 of 9 sampled staff (Staff H) according to G.S. 131E-256. [Refer to Tag 0137 10A NCAC 13F .0407(a)(5) Other Staff Qualification (Standard Deficiency)]. 17. Based on interviews and record reviews, the facility failed to assure that 4 of 7 sampled staff (Staff B, D, F, and I) were competency validated for Licensed Health Professional Support (LHPS)	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 202	D980		

tasks for oxygen usage, ambulation and transferring (Staff B), insulin injection and collecting fingerstick blood sugars (Staff D), collecting finger stick blood sugars (Staff F), and transferring and ambulation (Staff I). [Refer to Tag 0161 10A NCAC 13F .0504(a) Competency Validation for LHPS (Standard Deficiency)].

18. Based on interviews and record reviews, the facility failed to ensure 3 of 6 medication aides sampled (Staff B, C and D) received training by a licensed health professional on the care of diabetic residents prior to administering insulin. [Refer to Tag 0164 10A NCAC 13F .0505 Training on Care of Diabetic Residents (Standard Deficiency)].

19. Based on record reviews and interviews, the facility failed to assure at least one staff person was on the premises at all times that had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 2 of 11 days on third shift from 02/22/18 to 03/06/18. [Refer to Tag 0167 10A NCAC 13F .0507 Training Cardio-Pulmonary Resuscitation (Standard Deficiency)].

20. Based on record reviews and interviews, the facility failed to assure 2 of 6 sampled residents (#1, #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag 0234 10A NCAC 13F .0703(a) Tuberculosis, screening, examination (Standard Deficiency)].

21. Based on observations, interviews, and record reviews, the facility failed to assure accurate documentation on the Medication Administration Record (MAR) for 4 of 8 sampled residents (#5, #6, #7 and #10) related to eye

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 203 drops (#6), Percocet (#5), digoxin, flomax, ranitidine, aspirin, and multivitamin (#10), and alprazolam (#7). [Refer to Tag 0367 10A NCAC 13F .1004(i) Medication Administration (Standard Deficiency)]. 22. Based on record reviews and interviews, the facility failed to assure pharmacy reviews of medications were completed on site and at least quarterly for 5 of 5 sampled residents (Residents #2, #3, #4, #5, #6). [Refer to Tag 0400 10A NCAC 13F .1009(a)(1) Pharmacutical Services (Standard Deficiency)]. 23. Based on record reviews and interviews, the facility failed to follow-up on medication review recommendations for 2 of 8 sampled residents (#6, #3) related to an eye drop for allergies (#6) and medications for itching and nausea, and an inhaler (#3). [Refer to Tag 0406 10A NCAC 13F .1009(b) Pharmacutical Services (Standard Deficiency)]. _____ The Administrator failed to ensure management, operations, and policies of the facility were implemented to ensure the services necessary to maintain the residents physical and mental health were provided as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes, which is the responsibility of the administrator. The Administrator's failure resulted in pain medications and medications for blood pressure and antiarrythmics not being administered as ordered; a resident, with known sexual behaviors, being placed in a room with another resident who was aphasic and unable to verbalize his needs; allegations of verbal and physical abuse of a resident by Staff B not being reported to the Health Care Personnel Registry; and to ensure	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041082	A. BUILDING: _____ B. WING _____	03/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD OF GREENSBORO	3301 GAR PLACE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 204 residents were free of abuse by Staff B who twisted a resident's arm, withheld a resident's medications, and refused to assist a resident with his tracheostomy. The Administrator's failure resulted in serious neglect and serious physical harm to the residents and constitutes a Type A1 Violation. The facility provided the following Plan of Protection: -Management will utilize monitoring logs for residents and staff. -The logs will be closely monitored by the Executive Director in order to maintain compliance. -Quality assurance meetings will take place monthly and address staff trainings and compliance, referral and follow-up, resident rights, medication administration, at risk behaviors identification and assessment, and documentation. -The Executive Director will conduct an in-service for staff addressing allegations of abuse, behaviors of misconduct, complaints, and to report concerns directly to the Executive Director. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED APRIL 6, 2018.	D980		